Promoting Safe and Healthy Workplaces

A Provincial Strategy

A four-year plan
2003-2006

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Part 1

1.0 INTRODUCTION

This provincial strategy for the four-year period 2003 - 2006 is a proactive response compiled by the Workplace Health, Safety and Compensation Commission (the Commission) to address the challenges facing stakeholders in the prevention of workplace injuries and illness. It is based on feedback received from stakeholders during a period of extensive consultation and is meant to reflect consensus in the implementation and evaluation of the plan. It should also be noted that this proposal covers a four-year period from 2003 to 2006 to keep it synchronized with the Commission's Corporate Strategic Plan.

The document is organized into six parts.

Part 1 sets the stage for the strategy.

Part 2 contains background information leading up to the appointment of the Government appointed Task Force to examine the workers' compensation system, its recommendations for the prevention of workplace injuries and illness, and the achievements to date.

Part 3 provides a summary of key performance indicators based on trend analysis from a provincial perspective for the period 1997 - 2002.

Part 4 looks at where we are now and some of the future challenges to be addressed in the provincial accident prevention strategy.

Part 5 examines where we are going and describes the strategic framework where the mission, vision and goals are set out, together with an action plan identifying objectives and strategies.

Part 6 gives a summary of the strategy.

The appendix contains an overview of trends affecting industry sectors and young workers over the six year period 1997 - 2002.

Part 2

2.0 BACKGROUND

2.1 Where We Were

In the fall of 2000, it became clear that the Commission was in a precarious financial position. Soft-tissue injuries accounted for 66% of claims and the cost of new injuries was projected to increase dramatically, from $97 million in 1999 to $151 million in 2005. The incidence of short-term disability claims, as measured by the Association of Workers' Compensation Boards of Canada, was significantly higher than the next highest Canadian jurisdiction and more than twice the national average. The number of long-term disability claims was twice the expected average for a wage-loss system and long-term liabilities were projected to reach as high as $414 million by the end of 2005. The number of accepted fatality claims resulting from accidents had more than doubled from 10 in 1999 to 21 in the following year.

The average assessment rate paid by employers was $3.24 per $100 of payroll, the highest average assessment rate in the country. To achieve full funding by 2012, the average assessment rate would have to be $3.98 in 2001 and $5.39 by 2005. It was projected that the Commission would experience a cash flow shortfall of $9.7 million in 2001, and a $30.1 million shortfall in 2005. The viability of the system was uncertain and something had to be done or the Commission's injury fund would be wiped out within 15 years.

2.2 Government Task Force Appointed

Government appointed a Task Force in October, 2000 to examine the financial dilemma, as well as the governing legislation and overall objectives of the system. The Task Force, which was made up of five members of the Board of Directors, set out to consult with stakeholders and seek their opinion on how to address the issues. In order to achieve a fair, affordable and sustainable insurance system for the future, the challenge would be to attain a balance between reasonable levels of revenue and costs.

At the outset, stakeholders made it very clear that they did not want any quick fix solutions to the problems facing the workers' compensation system. Almost without exception, all stakeholders agreed that one of the key ways to address the system's short and long-term financial problems was through a serious, co-ordinated effort on injury prevention.

2.3 Task Force Recommendations on Prevention

To achieve the above objective, the Task Force made the following recommendations which were contained in the report it presented to Government in February, 2001.

Provincial Accident Prevention Strategy

That a provincial accident prevention strategy be developed on a priority basis, led by the Commission with the involvement of all key stakeholders.

Occupational Health and Safety Committees/Worker Representatives

That the Department of Environment and Labour aggressively enforce the provisions of the *Occupational Health and Safety Act* pertaining to health and safety committees.

Safety Training

That, effective January 1, 2002, training be mandatory for all health and safety committee members in companies with 50 or more employees. For smaller companies (10 - 49 employees), training for the co-chairs of the committee be mandatory.

That, effective January 1, 2002, worker representatives be mandatory for all companies with less than 10 employees, and that the training be mandatory for these individuals.

That the Commission monitor health and safety committees and worker representatives to ensure they have undertaken the legislated training and the meetings held are effective.

That legislation be amended to ensure paid leave is available for persons participating in the above-referenced committee and worker representative training.

That for smaller companies, management employees seriously consider taking health and safety training as well.

That employers be legislated to report back in a timely manner on the actions to be taken on the recommendations made by the health and safety committee or worker representatives.

That the Commission strengthen the standards for workplace health and safety training by developing a strategic training program and a process for setting standards for training providers. Immediate priority be given to the development of a training protocol for occupational health and safety committees and worker representatives.

High School and Post-Secondary Curricula
That the Minister of Education ensure that an appropriate course in occupational health and safety, along the lines of Workplace 3220, be part of the core high school curriculum, commencing the Fall of 2001.

Education and Awareness
That the Commission aggressively launch both global and targeted education and awareness initiatives to ensure all stakeholders (i.e., workers, employers, unions, health care providers) fully understand their respective roles and responsibilities under both the *Occupational Health and Safety Act* and the *Workplace Health, Safety and Compensation Act* (including its administrative processes).

That the Commission and the relevant stakeholders pursue the establishment of sectoral committees, with a view to having several functioning within six months.

Ergonomics
That new Ergonomic Regulations under the *Occupational Health and Safety Act* be developed along the lines of those in British Columbia.

Co-ordination Between the Commission and Department of Labour
That the Commission and the Department of Labour ensure better delineation and co-ordination of their respective mandates and associated activities.

Part 3

3.0 ACHIEVEMENTS 2000-2002

The Government-appointed Task Force set high goals and expectations for changing the mindset of all associated with the workers' compensation system in the province, and ensuring that a fair, affordable and sustainable insurance system is available to present and future injured workers. It emphasized a collaborative approach that went beyond what the Commission should be doing to what everyone must do to get the system back on track. The Commission, together with stakeholders; workers, employers, health care providers, unions and government, set the course in 2001 to stabilize and improve the workers' compensation system.

To date, much has been accomplished. Projected workplace trends give clear indications that the overall viability of the workers' compensation system in this province is headed in the right direction as depicted by an unprecedented decline in injury rates which is happening despite a continual rise in employment.

3.1 Trend Analysis

Incidence Rates Continue to Fall

Provincial injury rates began to plateau in 2001 and decreased 10.9% in a period of record high employment. In 2002, these injury rates further decreased by 8.9% to yield a provincial injury rate of 2.7 per 100 workers, one of the lowest injury rates ever experienced in Newfoundland & Labrador.

Soft-Tissue Injuries Decreasing

While injury rates were falling, the province also experienced a considerable shift in the nature and type of injury. Rising at an average pace of 2% annually, many stakeholders wondered where and when soft-tissue injuries would plateau. It occurred in 2001 and resulted in the decrease of soft-tissue injuries for the first time in the past decade. In 2002, the province experienced further decreases in soft-tissue injuries, down from a high of 66% in 1999 to 56% in 2002.

Industry Experiencing Significant Injury Reduction

The decrease in provincial injury rates has resulted from significant injury decreases within industry. In 2002, seven of the province's eight major industries experienced significant decreases in injury rates. The manufacturing sector, which had the highest incidence rate in 2001, experienced a 25% decrease in injury rates in 2002. The construction industry which had the second highest

injury rate in the province in 2001 experienced an injury reduction of 14% in 2002. The only industry to experience an increase in injury rates was transportation which is mainly governed and regulated by the *Canada Labour Code* and not provincial legislation.

Fatalities Decreasing

While fatalities in this province remain high, the trend over the past three years (2000 - 2002) indicates a reduction of 39%. The Department of Labour has taken an aggressive approach in the enforcement of fall protection requirements and overall, the number of stop work orders issued has been increasing steadily, demonstrating a lack of tolerance for health and safety violations. Further reduction in fatalities requires enhanced certification standards, increased enforcement, and targeted approaches at high risk occupations.

Demographic Challenges

Despite significant demographic drivers that have had immediate impact on health and safety programs and systems, the province's performance indicators have revealed considerable gains in health and safety performance. The province's aging workforce continues to threaten the incidence of soft-tissue injuries since older workers experience increased cumulative exposure to ergonomic hazards and, hence, higher rate of musculoskeletal injury. In 1991, about one out of every five injuries was sustained by workers over the age of 40. In 2002, at least two out of every five workers were over the age of 40. With an aging workforce, the prevalence of increased barriers to return-to-work exist, along with longer medical rehabilitation periods, greater challenges to early and safe return-to-work, and obvious claim cost increases.

While the majority of industries like mining, forestry and health care continue to age at significant rates, ranging from an average age of 48 to 53 years, other service related industries continue to hold a large proportion of young workers. These workers still comprise about 15% of the province's injuries, a rate that has not fluctuated significantly for the past 10 years. The rate at which youth get injured in the province continues to be slightly above the provincial average. As the young worker population remains low in the province, the risk of injury in this group remains high compared to other age groups.

The appendix of this document contains industry/sector trend analysis for the years 1997 - 2002.

3.2 Response to Task Force Report

Occupational Health and Safety Committees/Worker Representatives

Amendments to the *Occupational Health and Safety Act* and Regulations were made and enacted on January 1, 2002 giving occupational health and safety committees and worker health and safety representatives increased responsibility for workplace health and safety. The Commission implemented a comprehensive program to communicate legislative changes and key messages to stakeholders.

These messages have been heard as evidenced by the results of an employer survey conducted in 2002 by an independent consultant. Effectiveness of the Commission's communications was demonstrated by the fairly high level of awareness of recent initiatives pertaining to the requirement for training of occupational health and safety committees or worker health and safety representatives. Development of an occupational health and safety program or policy was also regarded as high. Eight of ten employees were aware of the training-related legislation and three-quarters were aware of the program or policy legislation.

Safety Training

In the fall of 2001, the Commission set a new direction for health and safety training in this province by developing the Occupational Health and Safety Certification Training Program where employers and workers were motivated to create a new kind of workplace culture that puts safety first. The intent of the program was to give occupational health and safety committees and worker health and safety representatives the knowledge and skills required to fulfill their legislated duties in supporting their internal responsibility system, preventing occupational injuries and illness, assessing and eliminating hazards, and ensuring health and safety performance. The training was originally designed as a three day program. However, it was revised to one and-a-half days for worker health and safety representatives in order to make the training more affordable, accessible for, and relevant to the particular needs of small business where workers would be away from the workplace for a decreased period of time and training could be conducted outside regular working hours. Standards for training, which included a process for monitoring and evaluation, were also developed by the Commission to ensure that providers met the standards for delivery and the trainers had the necessary knowledge and skills to deliver a quality training product to employers and workers. This is the first time that training standards have been developed in this province for occupational health

and safety committees and worker health and safety representative's training and this is one of the few jurisdictions to have them.

In October 2001, the Newfoundland and Labrador Employers' Council and the Newfoundland and Labrador Federation of Labour entered into a partnership arrangement, with funding support from the Commission, to establish a Health and Safety Training Unit. Its mandate was to promote the partnership approach to occupational health and safety training and offer affordable and accessible training for occupational health and safety as an incentive for employers and workers to get trained as part of their new legislative obligations. The Unit set the stage for greater collaboration between workers and employers in making workplaces safer and was instrumental in the delivery of train-the- trainer and certification training programs as well as the creation of an unprecedented provincial network of trainers offering affordable and accessible training. Having achieved its mandate, the Unit concluded operations at the end of October, 2002.

The mandatory certification of occupational health and safety committees and worker health and safety representatives continues to be an ongoing process. To the end of 2002, 86 training providers and 198 trainers have been approved to deliver training and approximately 8,000 individuals have been trained. Evaluation data compiled from the results of participant evaluation surveys and telephone interviews conducted randomly with participants indicate that the majority of feedback has been positive.

Training initiatives have also been underway in the fishing sector. In March 2002, the Professional Fish Harvesters Board began conducting mandatory five-day safety training courses to apprentices and new entrants in the commercial fishery. So far, the course, which consists of marine advanced first aid, Transport Canada marine emergency duties and general seamanship and stability, has been delivered to 180 classes in over 100 communities throughout the province. Approximately 3,000 apprentice fish harvesters had been trained by the end of 2002.

In September 2002, regulations governing the operation of diving came into effect. In response to diving competency regulations which will come into effect March 2004, the Marine Institute has developed and is in the process of delivering a diving training program for aquaculture and seafood harvesters. The Commission has also released a diving booklet called *Guide to Safe Diving and Essential Emergencies* to educate divers on the extreme hazards prevalent in this occupation and initiated a process for medical certification of divers by qualified physicians.

Also in 2002, the Department of Labour, in collaboration with the Department of Government Services and Lands, Electrical Inspection Division, the Fire Commissioner's Office and the Canadian Plastics Industry Association, organized and facilitated a one-day information session for employers and workers in the fiberglass boat building industry. This session provided information on regulatory compliance from a health and safety, electrical, and fire and life safety perspective. In addition, information was provided by suppliers of fiberglass material and equipment used in the industry to assist employers in complying with regulatory requirements.

In order to make cost-effective and affordable training available to prospective participants in small and isolated communities where potential for enrollment is limited, the Commission developed e-learning standards for certification training for occupational health and safety committees and worker health and safety representatives. E-learning is considered a new and effective way of delivering training that is gaining acceptance by accredited training institutions and workers' compensation boards. If the principles of adult learning are applied, opportunities for interaction exist, and knowledge transfer and attitudinal change are addressed in the training, e-learning can be a viable option. The Commission's e-learning standards were developed in response to concerns over accessibility and affordability of training, especially in the more rural areas of the province. The standards were established in consultation with such e-learning experts as Memorial University of Newfoundland and Labrador, College of the North Atlantic, Newfoundland and Labrador Teachers' Association - Virtual Teaching Center, and the Workers' Safety and Insurance Board in Ontario.

Performance Monitoring

In the fall of 2001, the Commission began development of a performance monitoring information system for its use in tracking the performance of occupational health and safety committees and worker health and safety representatives. The system, which has four components, was designed to track information relating to occupational health and safety committee and worker health and safety representative training and evaluation, as well as employer and committee performance. A system component that will monitor and track the performance of worker health and safety representatives is currently under discussion.

The training certification system was developed to act as the central registry to capture information on individuals completing the mandatory occupational health and safety certification training. This system has the capability of tracking employer compliance and monitoring training utilization patterns at the training

provider, trainer, and employer levels. Reports from this system assist the Commission in targeting non-compliant employers and in assessing future training demands. Since its development, the system has assisted greatly in improving service delivery and increasing information exchange.

The Commission's Priority Employer Program targets high injury, high cost employers utilizing a mentoring approach. The Department of Labour uses the same employer lists to target strategic inspections. These combined efforts are yielding positive results. Based on current 2002 data, these employers reduced their lost-time claims by 16.6% and soft-tissue injury claims by 21.3%, at an estimated cost savings in excess of $2.6 million over 2001 performance.

With respect to all employers, the Commission experienced a 11% decrease in the number of medical aid claims and a 10% decrease in lost-time claims. A 5.0% decrease in soft-tissue injuries as a percentage of total lost-time claims was also experienced with significant cost savings to the Commission, estimated at $2.5 million. The funded position of the Commission increased from 67.5% to 71.7%. If these trends continue, the province will experience one of its lowest injury rates in history and become one of the leaders in the country for injury reduction. This speaks to the beginning of a cultural shift and mindset change in today's workplaces, one that elevates health and safety as a fundamental business practice.

The training evaluation system was primarily designed to capture the feedback from individuals participating in the occupational health and safety certification training program. This system is capable of monitoring not only the overall effectiveness of all training completed, but also the effectiveness of training delivered by individual training providers and trainers. Since the Commission is solely responsible for developing and monitoring the standards for occupational health and safety certification training, this system assists in tracking and trending compliance with these standards and gauging the success of the certification training initiative. In addition, reports from this system identify training that does not meet the standard and those training providers or trainers requiring audits by the Commission.

The new occupational health and safety committee tracking system has the capability of tracking committee members to ensure appropriate certification training has been completed. It also tracks committee issues and concerns, delinquency, queues committee-related activities to field staff for follow-up and tracks committee workload measurement activities. The occupational health and safety committee tracking system was designed as a web-based system in anticipation of the time when the option for electronic reporting becomes

available. While this is not a consideration in the near future, when it does occur, committees will have the ability to send their occupational health and safety committee minute reports over the Internet.

The audit tracking system has three related components. The first component has the capability of tracking employer compliance with legislation at the policy and program level and compare employer performance over time. This component allows insight into the strengths and weakness of workplace health and safety and enables better targeting of areas of concern. The second component of the audit tracking system is an employer targeting system which ranks employers according to leading indicators. This enables effective targeting according to specific indicators such as cost and injuries, and allows for preliminary injury surveillance to ensure injury trends are addressed in a proactive manner. The third component is a workplace measurement system that tracks Commission staff caseloads, performance, as well as utilization by employers.

High School and Post-Secondary Curricula

In 2001, in response to the Task Force recommendation to have an occupational health and safety course as part of the high school curriculum, Government directed the Department of Education to highlight the importance of workplace issues in local courses requiring students to enter places of work. The Department of Education has determined that a multifaceted approach would be the most effective in raising students' awareness of workplace safety issues. Accordingly, Workplace 3220 is to be retained as a local course where students have the opportunity to select the course as one of several in the Personal Development category. This enables supporters of the course to retain control over its content and to access external funding as a means of support. A review of the workplace safety content of Co-op Education 1100 (a course required of all Co-operative Education students before they go into work placements) is to be undertaken to detect any serious deficiencies. School boards will also be required to develop workplace safety outcomes for the K-8 sector.

In addition to the work of the Department of Education, several initiatives directed at youth and involving collaboration on the part of health and safety organizations are ongoing. The Provincial Injury Prevention Coalition which is made up of provincial and federal government departments and the Commission, as well as organizations, groups and individuals that are actively involved in injury prevention and safety promotion, has established committees in the areas of workplace safety, traffic safety, and recreational and home safety. The purpose of the coalition is to advocate and promote a safety-minded culture

through education, awareness and participation throughout the community. Similarly, the Avalon East Safe Communities Partnership has established project committees in the areas of traffic safety, recreation, home and school and workplace safety. Safe Communities in particular has a workplace safety committee which is involved in a national strategy for the development of "Passport to Safety." This is an awareness and education support program designed to help eliminate needless injuries and preventable deaths of Canada's youth. Another youth education initiative focusing on young worker safety orientation is delivered by the Newfoundland and Labrador Employers' Council, and was developed in conjunction with the Department of Labour and the Commission. Recently, a central youth health and safety web site with links to various youth/workplace health and safety web sites by category and jurisdiction was developed. This web site which is hosted by the Canadian Centre for Occupational Health and Safety (CCOHS), was developed in partnership with the Association of Workers' Compensation Boards of Canada and the Canadian Association of Administrators of Labour Legislation for Occupational Health and Safety (CAALL-OSH).

Education and Awareness

The Task Force set the stage when it adopted an extensive consultation process to meet the needs and time frames of their review. Following the Task Force Recommendations, the Commission launched a comprehensive communication strategy to ensure that all stakeholders had access to information that would increase their awareness of education on their respective roles and responsibilities under the *Occupational Health and Safety Act* and the *Workplace Health, Safety and Compensation Act.* This strategy involved targeted education and training sessions, distribution of training materials, "Did You Know?" bulletins, training provider updates, updates in *Workplace News*, newspaper advertisements by the Department of Labour, articles and advertisements in industry publications, web site postings, speakers tour, and direct contact with employers through mail outs informing them of their legislative requirements.

According to the findings of a 2002 employer survey conducted by an independent consultant, the Commission's efforts appear to be paying off. The Commission is regarded as being very positive and effective in raising awareness among employers. The information is useful, easy to understand, and overall, the Commission is regarded as doing a good job of keeping employers informed. One gap noted is with small business; they are less aware of new Commission initiatives than are large businesses. This is reflective of a combination of factors including more difficulty in reaching smaller businesses and less attention being paid by smaller businesses to Commission communications.

Health and Safety Research

In addition to awareness activities, there are a number of initiatives underway involving research. The Association of Workers' Compensation Boards of Canada has spearheaded the development of a national research agenda that reflects the common research needs and priorities of Canadian workers' compensation boards. In November 2000, a list of common needs was identified. This list comprised five key areas including occupational disease, injury and health services; intervention research; compensation, disability management and return-to-work; changing nature of work and environment; and transferring research knowledge to the workplace. Research is now a standing agenda item on all AWCBC national meetings with the intent of keeping abreast of emerging issues in the field of occupational health research.

On the local scene, there is a Community Alliance for Health Research called SafetyNet which involves researchers in medicine, nursing, social sciences, natural sciences, engineering, and marine sciences. It also has partners in the public sector, private sector and the coastal communities where research is taking place. SafetyNet administers a comprehensive research program which studies occupational health and safety of marine and coastal work and currently has several research projects focusing on occupational asthma in fish harvesters and processors, fishing vessel safety, fiberglass boat building, petroleum refining, work schedules in the offshore, and work in cold air and cold water environments.

Collaborative efforts on the part of local unions, the Department of Labour and other provincial government departments, and the Commission are ongoing to review the findings of studies conducted to identify potential health risks of shipyard workers and iron ore workers. There is also a comprehensive stakeholder consultation committee which meets regularly to discuss health and safety concerns of small fishing vessels.

Sectoral Committees

The Newfoundland and Labrador Construction Safety Association was instrumental in establishing the first sectoral committee in the construction industry. The need for sectoral committees has also been identified for the mining, forestry, transportation, manufacturing, service, health care and fishing industries, as well as special sectors focusing on youth and small business. While there is interest, to date sector associations and unions have been extremely busy with day to day implementation issues associated with many of the legislative changes arising out of the Task Force Report. The Commission will look to a number of these sectors to establish their committee in 2003.

Ergonomics

In response to Task Force Recommendations, and Government direction, officials from the Department of Labour and the Commission researched and developed draft ergonomic regulations and guidelines. Officials led by the Department of Labour, produced the guideline document to assist employers and workers in their understanding of ergonomic regulations and guide them in their recognition, evaluation and control of ergonomic risks in the workplace.

The draft regulation and guidelines were tabled at a stakeholder round table session by the Department of Labour in December 2002, but did not receive consensus by the group as the only approach to address soft-tissue injuries. It was determined that an extensive awareness and education effort is required by stakeholders before a regulatory framework can be further discussed. Specific areas of the plan that would need to be addressed include the context and meaning of ergonomics in the workplace, research into soft-tissue injuries to determine the extent of the problem, why they occur and how they can be prevented. The Department of Labour is now in the process of scheduling the next information session on ergonomics with stakeholders.

In the meantime, the Commission is continuing to work with those employers who are experiencing a high incidence of soft-tissue injuries. Ergonomists are assigned case loads of employers with high rates of soft-tissue injuries and by utilizing a mentoring approach, are helping them to increase their overall awareness of ergonomics and develop mechanisms to address risks. A new ergonomic audit tool is currently under development that will also assist employers and workers implement ergonomic principles throughout their health and safety program. Awareness sessions will be offered to employers and workers in 2003 to provide information regarding ergonomics, the incidence and impact of soft-tissue injuries in the workplace, and solutions to these problems. Four education workshops are also being planned for delivery across the province to four industry sectors and will target employers, occupational health and safety committees, worker health and safety representatives and ergonomic committees. The purpose of these workshops is to provide participants with the necessary knowledge and skill to actively undertake their ergonomic functions and responsibilities within their workplace. The Department of Labour also recently hired an ergonomist to assist in enforcement activities.

Co-ordination Between the Commission and Department of Labour

Continuous efforts are being made by the Commission and the Department of Labour to ensure better delineation and co-ordination of their respective mandates and associated activities. The Assistant Deputy Minister of Labour sits as an ex-officio member on the Commission's Board of Directors and its Health, Safety and Research Committee. The Chief Executive Officer of the Commission sits on the Minister of Labour's Advisory Council on Occupational Health and Safety. Alternately, the Advisory Council Chair sits on the Commission's Health, Safety and Research Committee. There are also ongoing weekly, monthly, and quarterly meetings between the two agencies which are attended by various levels of management and staff.

Accident Prevention Strategy

While the Commission recognized that a great deal of work was being done that was having a positive impact on workplace health and safety, information on health and safety initiatives, projects and services were difficult to locate. Limited interagency communication and accountability was resulting in duplication, role confusion, competition, and some areas of health and safety not being addressed. Aware of the strong provincial network and the valuable contribution to be made, the Task Force identified the need for a co-ordinated effort through a planned provincial strategy.

In May 2001, after a public tender, the Commission awarded a contract to the Newfoundland and Labrador Centre for Applied Health Research to research and develop a draft of a five-year comprehensive strategy that would provide an integrated approach for responding to accident prevention issues identified and to focus on priority areas for action. As part of the consultant's work, a one-day symposium was held on June 22, 2001 with 45 key stakeholders participating in the consultant's information gathering process. The challenge for all players was to "rethink" how to do the business of health and safety and together, champion a plan that not only identified what was being done but also what needed to be done. The consultant's report was released to the participants on March 22, 2002 for review. In follow-up consultation to the consultant's recommended strategy, a second symposium was held on May 6, 2002 to formulate a consensus of what should comprise a final accident prevention strategy. At that session, stakeholders also were updated on the activities and plans of the Department of Labour's Inspection Division and the Commission's Prevention Services Department as well as other provincial and national efforts. Written feedback was also solicited on the consultant's report to determine its strengths, weaknesses and any gaps that might exist, as well as to identify the role that individual associations might play as part of the final strategy.

What was heard was that there are a number of key areas which stakeholders felt should be the focus of an accident prevention strategy. Among these were better processes for data collection allowing for improvements in performance measurement and statistical analysis of injury and disease trends as well as workplace incidences. Awareness and education programs directed at students in the K - 8 sector and mandatory occupational health and safety training courses for high school and post-secondary students were targeted for development. In addition, compulsory safety orientation of all workers and training standards for high risk occupations and managers were identified as needs that should be addressed. While there were differing views on setting priorities for intervention, the majority of stakeholders felt that workplaces and industry sectors xperiencing increased accidents and injuries should be the primary target of resources as opposed to a broad proactive approach focusing on all workplaces. The overriding theme was to have a partnership approach where all stakeholders take responsibility for changing the mindset and developing a positive health and safety culture in the workplace.

Part 4

4.0 FRAMEWORK FOR THE FUTURE

The Task Force recommendations that have been implemented are having a positive impact on the workers' compensation system as evidenced by the reduction in injury rates and claims costs. However, as stakeholders so aptly pointed out during the consultation process, there are no quick fix solutions.

What was deemed critical to the future success and sustainability of the system is a fundamental change in the mindset of everyone associated with the system; workers, employers, health care providers, unions, and government itself. In order for this accident prevention strategy to be successful, stakeholders at all levels must show leadership and make a renewed commitment for collaboration and co-operation if workplace accidents and injuries are to be eliminated and a fair, affordable and sustainable insurance system is to be achieved. This evolution can only occur with the achievement of goals focusing on communication and measures to control injuries at the workplace, the establishment of sectoral committees in economic and other special sectors, full compliance and continuous improvement by workers and employers (and occupational health and safety committees and worker health and safety representatives), as well as the establishment of occupational health and safety policies and programs in small and large businesses.

The formation of industry sectoral committees which provides a forum where key people can discuss common issues related to their industry and propose viable solutions is a key part of this process. The Newfoundland and Labrador Construction Safety Association has been instrumental in facilitating the establishment of a construction sector committee, however, sector committees are also required in the mining, forestry, transportation, manufacturing, service, health care, and fishing industries as well as special sectors focusing on youth and small business.

Recognizing that approximately 90% of employers in this province operate small businesses, the health and safety needs of small business have to be identified and addressed. Training programs have been developed for worker health and safety representatives, however, small business owners and operators also have to be given the opportunity to become empowered by participating in health and safety training that is relevant to their needs. Further to this, safety training aimed at helping senior management improve their understanding of their roles and responsibilities regarding the internal responsibility system is required if top management are to become more accountable for workplace health and safety.

Young workers, like all workers, are the future of the economy and society and their right to a healthy and safe workplace has to be protected. It is essential they

be given the opportunity to learn about their basic rights and how to recognize workplace hazards so they can protect themselves and others. The earlier this education begins in school, the more likely it is to be ingrained into the normal activities of daily living. Reinforcement in curriculum throughout the primary, middle school and high school years and incorporation into occupational training and education at the post-secondary level and reinforcement at work by their employers will ensure that a healthy and safe culture among these individuals becomes the norm.

Health and safety is everyone's responsibility and the provision of safe working conditions and the establishment of safe work practices should be seen as fundamental to all workplace parties; workers, employers, occupational health and safety committees, and worker health and safety representatives. In order to be successful, health and safety should be co-operative rather than enforced and this can only be achieved with full participation where all are aware of their roles and responsibilities and deliver on them. There has to be commitment to ongoing training by employers and workers if health and safety is to be a priority at the workplace.

Evaluation and monitoring has to be a key component in determining the impact of legislative change, as well as policy and program management. It is widely accepted that what gets measured, gets managed. Traditionally, workers' compensation measurement models have been reactive, focusing on injuries and accidents as opposed to proactive, focusing on safety performance. There are several problems with using injury statistics as a measure of safety performance. They are trailing indicators where loss resulting from an injury or illness has to occur. They are in fact, measures of 'unsafe performance.' Trend analysis that is evidence-based and not merely anecdotal experience is required in order to establish critical targets and appropriate interventions in the workplace. This type of measurement not only looks at the nature of injury, part of body, source of injury, accident type and recurrences, but also examines hazardous conditions and unsafe acts that result in incidences and provides a predictive value for future performance and workplace risk.

In order to ensure that the data collected is valid, reliable and practical, comprehensive measurements are required. The Commission has the fundamental responsibility of tracking and trending this information, but so too, do employers. Some employers are doing this, however, this initiative has to be undertaken more seriously if the necessary changes at the workplace level are to be appropriately instituted. Sectoral committees have the additional responsibility of monitoring performance of their industry if they are to develop effective prevention initiatives within their industry. This information has to be meaningfully collected, shared and communicated by all workplace parties if a positive cultural shift is to be achieved.

Part 5

5.0 THE PLAN

It is challenging to find the best approach for a strategic plan that has the support and commitment of all workplace parties. This plan has been developed with careful consideration and due consultation with stakeholders. It is an integrated approach where everyone has responsibility for carrying it out and should serve in the short-term as a guide for developing action plans that will cultivate and achieve a safety culture. The role of the Commission will be to facilitate the plan, provide support where necessary and monitor progress.

5.1 The Vision

Individually and collectively, workplace parties will shape a safety culture where accident prevention is seen as a crucial investment where everyone is responsible to act safely under any circumstances.

5.2 The Mission

The mission of this accident prevention strategy is to maximize the collaborative efforts and contributions of all workplace parties - workers, employers, occupational health and safety committees, worker health and safety representatives, industry/sector organizations, and government agencies - in the facilitation and shaping of a safety culture where all workplace accidents and injuries are viewed as preventable. This safety culture will evolve with the deliberate achievement of specific goals and initiatives focusing on the promotion and conservation of workplace health and safety.

5.3 Goals, Objectives, Strategies

To achieve the mission and vision as outlined, the following goals have been established which parallel the Commission's strategic plan for the four-year period 2003 - 2006. All baseline references for the following goals are for the year 2000, the year prior to the appointment of the Task Force.

It is important to note that many of the Commission's injury reduction targets were established based on trends of historical data. In 2002, the projected targets

were achieved when actual numbers of lost-time accidents and soft-tissue injuries dropped significantly. The progress to date is indeed an achievement, however at this time there is uncertainty as to how sustainable this dramatic drop will be. There has to be demonstrated commitment and internal responsibility on the part of all stakeholders; workers, employers, unions, industry associations and providers for continuous improvement of workplace health and safety. It is only with heightened attention and action in these areas, and emphasis on realistic and achievable targets, can a reduction in injury rates be sustained over the longer term.

GOAL A

(i) Reduce the provincial lost-time incidence rate by 22% (from 3.2 in 2000) to 2.5 in 2006.

(ii) Reduce the medical aid incidence rate by 22% (from 2.7 in 2000) to 2.1 in 2006.

(iii) Target a 40% reduction in fatalities (from 21 in 2000) to 13 by 2006.

(iv) Reduce the all claim incidence rate by 22% (from 5.9 in 2000) to 4.6 in 2006.

Objective: To identify and target employers who are drivers of increased incidence rates and to work with them to address the problems identified.

Strategies:

1. Collect relevant and useful data pertaining to national and provincial workplace injuries, illness, and fatalities, monitor and analyze results and report trends to employers so they can take the necessary corrective action.

2. Work with employers to develop a means of monitoring and analyzing leave usage vis-a-vis workers' compensation patterns.

3. Explore and evaluate setting goals specific to severity rate and duration of claims.

4. Continue development of a comprehensive prevention performance information system at the Commission to monitor and evaluate workplace prevention, injury and illness trends so resources can be directed appropriately.

5. Educate workplace parties - employers, workers, occupational health and safety committees, and worker health and safety representatives - on the need to collect incidence or 'near miss' reports and classes of hazards to assist the Commission and the Department of Labour to identify trends and appropriate responses to assist employers in addressing them.

6. Continue and further enhance collaborative initiatives between the Commission and the Department of Labour to identify the need for hazard specific awareness programs.

7. Assess training standards and certification requirements of workers in high risk occupations and develop a plan for employers and workers to address same.

8. Develop a plan to promote success stories of safety conscious employers and workers.

GOAL B

Reduce the soft-tissue injury rate as a percentage of lost-time injuries from 66% in 2000 to 55% by 2006.

Objective: To develop a comprehensive awareness and education plan to help employers and workers understand the context of ergonomic practices and procedures in the workplace, the extent of the soft-tissue injury problem, why they are occurring and how they can be prevented or mitigated.

Strategies:

1. Conduct research into soft-tissue injuries to determine the extent of the problem in the workplace.

2. Target an overall decrease in the soft-tissue injury rate as a percentage of all injuries.

3. Finalize in consultation with relevant stakeholders and implement a strategy that will educate and assist employers to apply ergonomic practices and procedures in the workplace so that all workplaces will be in compliance with or be able to exceed the minimal requirements.

GOAL C — Minimize future risk of occupational disease.

Objective: To work with stakeholders to identify workplace hazards and dangerous occurrences for appropriate research and/or effectively translate research knowledge regarding occupational disease into action.

Strategies:

1. Build on initiatives being carried out by the Association of Workers' Compensation Boards, other workers' compensation boards and research institutions, as well as local and national unions to identify emerging trends based on the incidence and prevalence of occupational disease.

2. Establish a reporting relationship with the Chief Medical Examiner's Office and the Chief Occupational Medical Officer under the Department of Labour on deaths resulting from occupational disease and conduct investigation as appropriate.

3. Establish a process to have the Chief Medical Examiner, the Chief Occupational Medical Officer under the Department of Labour, in conjunction with the Commission and occupational health and safety practitioners, work with Memorial University of Newfoundland and Labrador and the Newfoundland and Labrador Medical Association to improve continuing occupational medicine education.

4. Explore and build on opportunities with the medical community for wellness initiatives focusing on accident and disease prevention.

GOAL D — Establish appropriate sectoral committees in economic and other special areas.

Objective 1: To collaborate with stakeholders to establish sectoral committees in the major industries (Mining, Forestry, Transportation, Manufacturing, Service, Health Care, and Fishing).

Strategies:

1. Identify and monitor industry sectors and companies who are major contributors of injury and illness trends and target appropriate sectoral interventions utilizing a partnership approach.

2. Explore and create opportunities to establish sectoral committees in economic and other special areas with appropriate representation including, but not limited to, membership comprised of senior principal employer and worker organizations, as well as the Commission and the Department of Labour to gain understanding of issues that are important to stakeholders in each sector.

3. Work with industry sectoral committees to identify sector injury and illness trends, set sector-specific prevention priorities and seek solutions through collaborative mandates and initiatives.

4. Prioritize sectors and the hazards within the sector and enhance knowledge within workplaces about the prevention of occupational injuries and illness through the development and evaluation of health and safety awareness programs and training programs specific to industry sector, hazards, and size of employer.

5. Ensure staff of the Commission and Department of Labour are aligned by sector and ensure they have adequate knowledge and skills to address the issues and concerns of the sector.

6. Design and develop orientation and training materials for distribution to young workers that address workplace health and safety and the legislative rights and responsibilities of employers and workers.

7. Provide support to the Newfoundland and Labrador Construction Safety Association in its request to the Department of Labour to reinforce the application of the Certificate of Recognition Program in the construction industry and within all government tenders and public works programs.

Objective 2: To develop sectoral committees in special sectors such as youth and small business.

Strategies:

1. Develop a strategy to identify needs, and a response to transfer knowledge to small business.

2. Explore and create opportunities to build on initiatives, including establishing sectoral committees, focusing on youth and small business.

3. Explore strategies to address the current difficulties of small business owners in complying with worker health and safety representative training legislation.

4. Promote awareness about the need for youth health and safety through programs targeting youth, their parents, employers of youth, adult leaders and educators.

5. Develop a strategy with stakeholders to address the health and safety education needs of youth in the K-12 school system and students in the post secondary education system.

6. Ensure health and safety instruction directed at young workers at the high school level is delivered by qualified individuals.

7. Participate in and promote initiatives focusing on young workers, such as the Passport to Safety Program.

8. Work with employers who hire young workers to educate and support them in implementing adequate orientation and training for this particular class of workers.

9. To maintain liaison with the Canadian Centre for Occupational Health and Safety to ensure continued relevance of the youth-focused web site on occupational health and safety.

GOAL E — Improve communications between the Commission and the Department of Labour.

Objective: To educate stakeholders and the public on the roles and responsibilities of the Commission and the Department of Labour.

Strategies:

1. The Commission and the Department of Labour develop a joint communication plan to inform stakeholders and the public on their activities.

2. The Commission and the Department of Labour be responsive in developing hazard specific information and educational materials (e.g., bulletins, safety alerts).

GOAL F

Maximize opportunities for the compliance, continuous improvement and effectiveness of occupational health and safety committees and worker health and safety representatives.

Objective: To provide services that will shape and cultivate commitment on the part of occupational health and safety committees, and worker health and safety representatives and their employers to meet and exceed their legislative requirements.

Strategies:

1. Develop a strategy to assess the full level of health and safety awareness of all workers.

2. The Commission, the Department of Labour and stakeholders work jointly to develop, and continuously improve on, an appropriate awareness program which markets the roles and responsibilities of occupational health and safety committees and worker health and safety representatives and the importance of regulatory compliance.

3. Identify and work with priority firms to ensure legislative compliance with the establishment of occupational health and safety committees and worker health and safety representatives and related health and safety training requirements.

4. Explore opportunities for the development of a web-based system for occupational and safety committee and worker health and safety representative reporting.

5. The Commission ensure an adequate network of training providers are available to deliver affordable and accessible training to occupational health and safety committees and worker health and safety representatives throughout the province.

6. Educate management and supervisors on the importance of occupational health and safety training for themselves and their workers.

7. Ensure appropriate standards for private training program delivery and evaluation.

8. Develop and implement safety training courses at the senior management level to improve communication of roles, responsibilities and accountability of top management regarding the Internal Responsibility System and occupational health and safety.

9. The Commission and the Department of Labour implement an effective enforcement and compliance policy as well a strategic inspection plan arising out of injury and illness trends.

GOAL G

Ensure all priority small business firms with less than ten employees establish health and safety policies.

Objective: To monitor small business firms annually to ensure employers and workers collaborate on the development of a health and safety policy statement.

GOAL H

Continuously increase the number of priority firms with established occupational health and safety programs.

Objective: To monitor priority firms annually to determine compliance with established occupational health and safety programs.

Strategies:

G/H. 1. Identify and work with priority firms to facilitate effective workplace health and safety programs.

G/H. 2. Ensure the Commission's Resource Centre has appropriate reference material and a means of referring seekers of information to appropriate sources of information.

Part 6

6.0 CONCLUSION

Now is the time for renewed commitment for collaboration and partnership to ensure a successful accident prevention strategy. There are several opportunities that currently exist to support an accident prevention strategy given that education is the tool for changing attitudes and behaviours, and technology can lead prevention resources to the root cause of accidents.

There is demonstrated commitment on the part of all stakeholders; government, workers, employers, unions, industry associations, and providers to have a workers' compensation insurance system that is fair, affordable, and sustainable. Furthermore, stakeholders recognize that there are no quick fix solutions, but that the inherent first line of attack has to be the prevention of workplace injuries and illnesses.

More and more employers and workers are becoming aware of their internal responsibility for workplace health and safety. Employers are implementing health and safety and return-to-work programs in the workplace and advancing technology, access to internet, and e-learning are enhancing the ability to create data systems that increase the potential to efficiently capture accident/incidence trends for prevention targeting. The Association of Workers' Compensation Boards of Canada released a document containing information relating to roles, responsibilities, and programs in effect at workers' compensation boards and/or provincial and territorial government departments with respect to occupational health and safety and prevention programs. Through information-sharing, it is possible to capitalize on the successful experiences and programs that work.

Strategically planned partnerships with stakeholders provide an adjunct for meeting prevention goals. Experiences with partnerships such as the Newfoundland and Labrador Employers' Council, the Newfoundland and Labrador Federation of Labour, the Newfoundland and Labrador Construction Safety Association, the Newfoundland and Labrador Safety Council, and the Department of Labour, demonstrate the benefits of such joint ventures.

This Accident Prevention Strategy for 2003-2006 was developed based on comprehensive trend analysis and consensus feedback received during a period of extensive consultation. The plan follows through on the "Changing the Mindset" Task Force Report on Workers' Compensation and is an adjunct to the Commission's strategic plan for 2002 to 2006. In keeping with the theme of the Task Force Report, this Strategy has as its core, the need for collaborative efforts and contributions of all workplace parties; employers, workers, occupational

health and safety committees, worker health and safety representatives, industry/sector organizations and government agencies, if we are to facilitate and shape the positive workplace culture in our province that we are all striving for. It is believed to be a key strategic direction required to achieve a fair, affordable, and sustainable workers' compensation insurance system in the province.

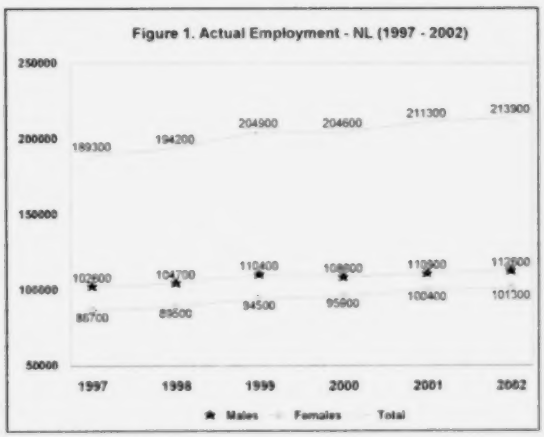
Appendix A

Key Performance Indicators: A Provincial Perspective

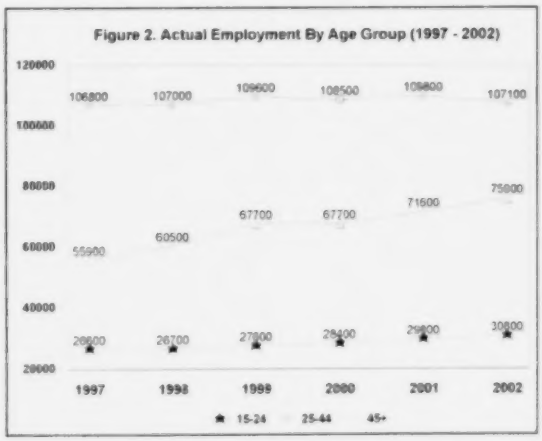
These findings reflect an analysis of provincial trends according to demographics, lost-time claims, type of accident, nature of injury, part of body, occupation and fatalities.

Demographics

Over the past six years the number of people employed in the province has increased from 189,300 in 1997 to 213,900 in 2002; an overall increase of 13.0%. The number of males employed increased from 102,600 in 1997 to 112,600 in 2002; an overall increase of 9.7%. The number of females employed increased from 86,700 in 1997 to 101,300 in 2002; an overall increase of 16.8% (Figure 1).



The number of females employed increased from 45.8% of the total number of people employed in 1997 to 47.4% in 2002; and overall increase of 1.6%. For males, the number employed decreased from 54.2% of the total workforce in 1997 to 52.6% in 2002; and overall decrease of 1.6%.



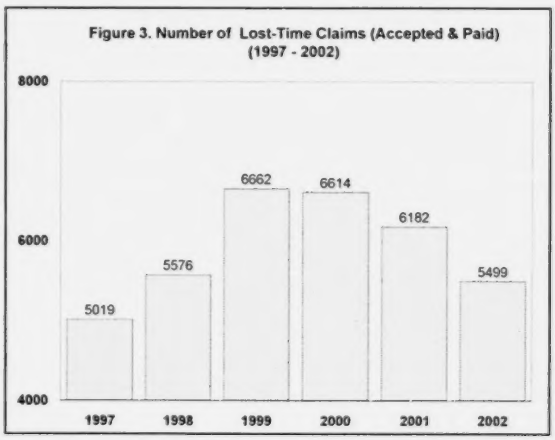
Between 1997 and 2002 the number of workers between the ages of 15 and 24 increased from 26,600 in 1997 to 30,800 in 2002; an overall increase of 15.8% (Figure 2). The number of workers in this age group as a percentage of the total workforce has increased over the past six years and on average for this period, accounted for 14.0% of the workforce.

Between 1997 and 2002 the number of workers between the ages of 25 and 44 increased from 106,800 in 1997 to 107,100 in 2002, an overall increase of 0.3% (Figure 2). The number of workers in this age group as a percentage of the total workforce has decreased over the past six years and on average for this period, accounted for 53% of the workforce.

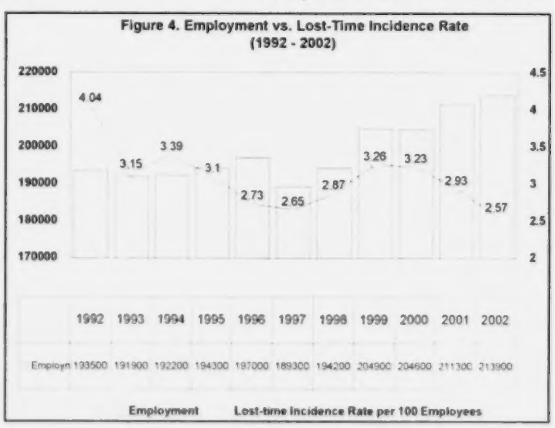
Between 1997 and 2002 the number of workers aged 45 and greater increased from 55,900 in 1997 to 75,900 in 2002; an overall increase of 35.8% (Figure 2). The number of workers in this age group as a percentage of the total workforce has increased over the past six years and on average for this period, accounted for 33% of the workforce.

Lost-time Claims

The number of lost-time claims increased from 5,019 in 1997 to 6,662 in 1999; an increase of 32.7%. However, over the past three years, since 1999 the number of lost-time claims decreased to 5,499 for 2002; a decrease of 17.5% (Figure 3).

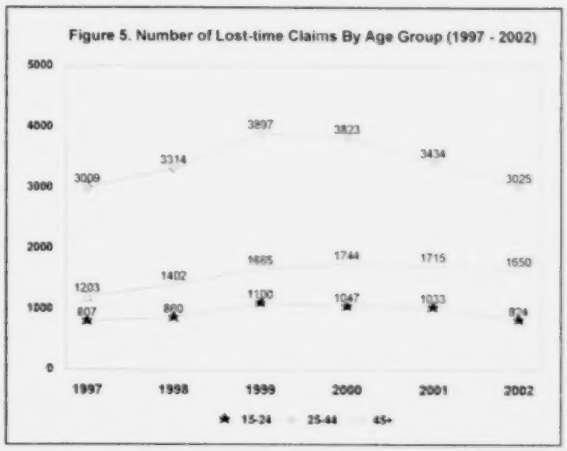


Comparing the number of injuries to the number of persons employed, the lost-time incidence rate decreased from 4.04 in 1992 to 2.57 in 2002; a decrease of 36.4%. Over the past three years since 1999, while the number of workers increased, the lost-time incidence rate decreased to 2.57 for 2002; a decrease of 21.2% (Figure 4). In 2002, approximately one out of every 39 workers had suffered an occupational injury or illness and has required time away from work to recover.

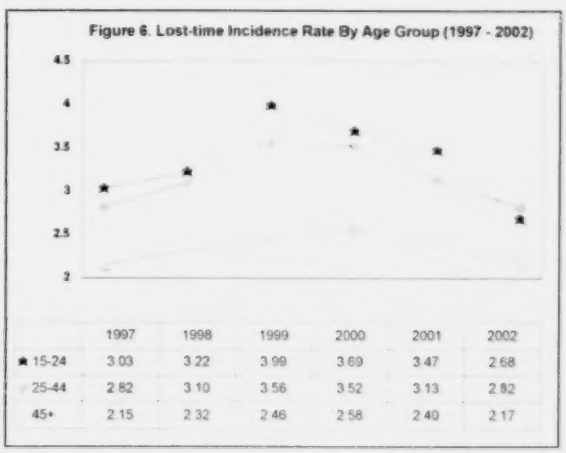


Age

The number of lost-time claims for workers between the ages of 15 and 24 increased from 807 in 1997 to 1100 in 1999. However, since 1999 the number of lost-time claims for this age group decreased to 824 in 2002, a decrease of 25.1%. The number of lost-time claims for workers between the ages of 25 and 44 increased from 3,009 in 1997 to 3,897 in 1999. However, since 1999 the number of lost-time claims for this age group decreased to 3,025 in 2002, a decrease of 22.4%. The number of lost-time claims for workers greater than 44 years of age increased from 1,203 in 1997 to 1,744 in 2000. However, since 2000 the number of lost-time claims for this age group decreased to 1,650 in 2002, a decrease of 5.4% (Figure 5).



When examining the lost-time incidence rate, both the age groups 15 to 24 and 25 to 44 experienced an increase from 1997 to 1999. Since 1999, these rates decreased for both age groups by 32.9% and 20.8% respectively by 2002. However, workers 45 years of age and over experienced an increase in the lost-time incidence rate from 1997 to 2000. This rate then decreased by 15.6% in 2002. Over this six year period, with the exception of 2002, the age group 15-24 continued to experience the highest incidence rate compared to the other age groups (Figure 6).

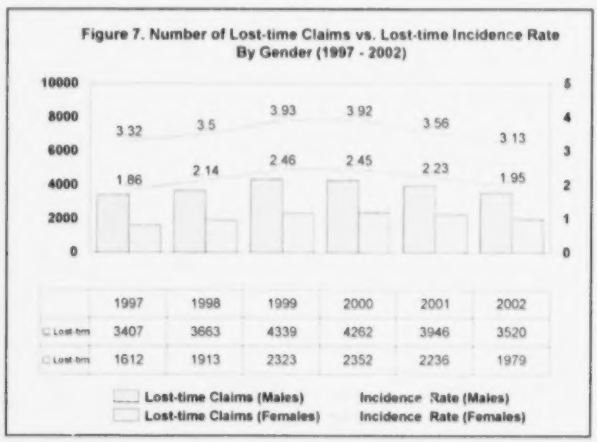


	1997	1998	1999	2000	2001	2002
15-24	3.03	3.22	3.99	3.69	3.47	2.68
25-44	2.82	3.10	3.56	3.52	3.13	2.82
45+	2.15	2.32	2.46	2.58	2.40	2.17

Gender

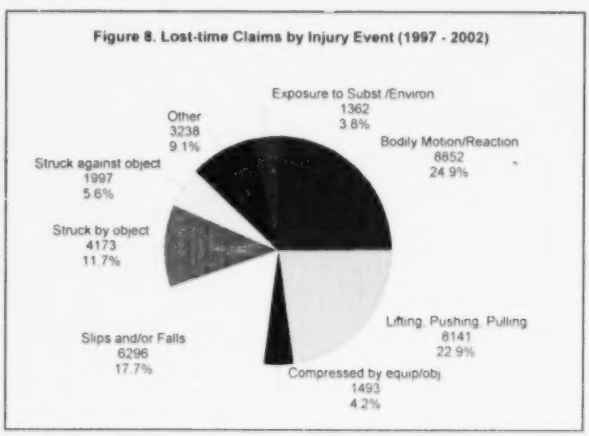
Between 1997 and 1999 the number of lost-time claims for males increased from 3,407 to 4,339, an increase of 27.4%. However, since 1999 these injuries have decreased to 3,520 for 2002; a decrease of 18.9%. A similar trend was experienced for females. The number of lost-time claims for females increased from 1,612 in 1997 to 2,352 in 2000; an increase of 45.9%. Since 2000 these injuries decreased to 1,979 for 2002; a decrease of 15.9%.

Comparing the number of injuries to the number of persons employed, by gender, the lost-time incidence rate for both males and females increased from 1997 to 1999 by 18.4% and 32.2% respectively; and decreased from 1999 to 2002 by 20.4% and 20.5% respectively (Figure 7).



Type of Accident

Between 1997 and 2002, 16,993 (47.8%) lost-time claims were ergonomically related. That is, they were associated with a bodily motion/reaction or lifting, pushing, pulling, etc. Figure 8 indicates other common events which describes the way lost-time injuries were produced or inflicted.



Nature of Injury

Over the past six years, the principal physical characteristics of lost-time claims were diseases or disorders affecting the musculoskeletal system, commonly referred to as soft-tissue injuries (sprains, strains, tears, soreness, pain, back pain, etc.). Soft-tissue lost-time claims accounted for 21,935 or 61.7% of all lost-time claims for this period. Other types of injuries included bruises and contusions, 3412 or 9.6%; cuts and lacerations, 3093 or 8.7%; and fractures, 2026 or 5.7%.

Part of Body

Between 1997 and 2002, the most common part of the body directly affected as a results of lost-time accidents has been the back, accounting for 10,630 or 29.9% of the injuries. Hand(s), wrist(s), and finger(s), as well as, the neck and/or shoulder areas are also common body parts affected, accounting for 18.3% and 11.7% of the lost-time claims, respectively.

Occupation

Over the past six years, the occupation with the highest frequency of lost-time injuries is the laboring profession. Table 1 identifies those occupations that had the highest number of lost-time claims in during the period 1997 to 2002.

Duration

The average lost-time claims duration increased from 109 days in 1997 to 135 in 1999; an increase of 23.9%. However, since 1999 this figure decreased to 107 days in 2002; a decrease of 20.7%.

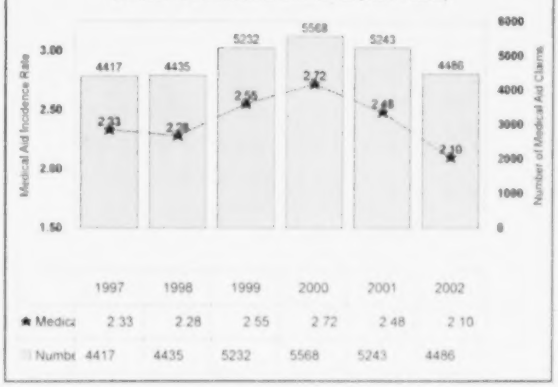
Table 1. Lost-time Claims By Occupation (1997 - 2002)

Occupation	# of Lost-time Claims	% of Total
Labor & Elementary Work	4,622	13.0
Food & Beverage(Chefs, Bartenders, Waitresses,Waiters & Related Occ.)	3,139	8.8
Meat or Fish Canning, Curing & Packaging Occupations	2,812	7.9
Nurses and Nursing Assistants	2,631	7.4
Sales Clerks, Commodities	2,105	5.9
Janitors, Charworkers, Cleaners	2,034	.7
Construction Trades	1,706	4.8
Mechanics & Repairman	1,466	4.1
Material Distributing (Stock & Shipping Clerks, & Related Occ.)	1,458	4.1
Truck Drivers	1,213	3.4
Other Occupations	12,366	34.9
Total	**35,552**	**100.0**

Medical Aid Claims

Medical aid claims are claims that incur no wage-loss but are serious enough to warrant medical attention by a medical practitioner. Throughout the late 1990's, the prevalence of medical aid claims continued to rise but since 2000, there has been a 22.8% decrease in the

Figure 9. Medical Aid Incidence Rate per 100 Workers vs. Number of Medical Aid Claims NL (1997 - 2002)



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medical aid incidence rate. Figure nine highlights the medical aid incidence rate since 1997.

Fatalities

There were a total of 176 accepted fatality claims between 1997 and 2002. Industrial Disease accounted for 52% of all accepted fatality claims, while accidents resulting in fatalities accounted for 48% of all accepted fatality claims. The number of accepted fatality claims decreased by 25.8% from 31 in 1997 to 23 in 2002 (Table 2).

Table 2. Number of Accepted Fatality Claims (1997 - 2002)

	1997	1998	1999	2000	2001	2002	Totals
Total Fatalities	31	31	27	38	26	23	176
Accidents Resulting in Fatality	14	16	10	21	14	10	85
Industrial Disease	17	15	17	17	12	13	91

Other types of accidents resulting in fatalities and the related numbers and percentages of total fatalities are as follows: drownings, 24 or 13.6%; industrial accidents, 15 or 8.5%; motor vehicle accidents, 13 or 7.4%; falls, seven or 4.0; crushing injuries, seven or 4.0%; heart attacks, six or 3.4%; aircraft accidents, six or 3.4%; explosions, four or 2.3%; struck by flying object, two or 1.1%; and electrocutions, one or .6%.

All Claims

In all prevention programs, it is important to track and trend the incidence of all claim types no matter what the compensation outcome. The all claim incidence rate is one such rate that totals the lost-time claims, medical aid claims, and fatalities and divides it by the province's employment. In Figure 10, the all claims incidence rate is given for the period 1997-2002. The graphic clearly indicates that after a period of growth in the rates in the late 1990's, the incidence rate since 2000 has fallen to 1.67 per 100 workers, a 21.6% reduction.

Figure 10. All Claim Incidence Rate per 100 Workers vs. Number of Claims* NL (1997 - 2002)

*Includes: Lost-time, Medical Aid and Fatality Claims
Excludes: Report Only and Denied Claims

medical aid incidence rate. Figure nine highlights the medical aid incidence rate since 1997.

Fatalities

There were a total of 176 accepted fatality claims between 1997 and 2002. Industrial Disease accounted for 52% of all accepted fatality claims, while accidents resulting in fatalities accounted for 48% of all accepted fatality claims. The number of accepted fatality claims decreased by 25.8% from 31 in 1997 to 23 in 2002 (Table 2).

Table 2. Number of Accepted Fatality Claims (1997 - 2002)

	1997	1998	1999	2000	2001	2002	Totals
Total Fatalities	31	31	27	38	26	23	176
Accidents Resulting in Fatality	14	16	10	21	14	10	85
Industrial Disease	17	15	17	17	12	13	91

Other types of accidents resulting in fatalities and the related numbers and percentages of total fatalities are as follows: drownings, 24 or 13.6%; industrial accidents, 15 or 8.5%; motor vehicle accidents, 13 or 7.4%; falls, seven or 4.0; crushing injuries, seven or 4.0%; heart attacks, six or 3.4%; aircraft accidents, six or 3.4%; explosions, four or 2.3%; struck by flying object, two or 1.1%; and electrocutions, one or .6%.

All Claims

In all prevention programs, it is important to track and trend the incidence of all claim types no matter what the compensation outcome. The all claim incidence rate is one such rate that totals the lost-time claims, medical aid claims, and fatalities and divides it by the province's employment. In Figure 10, the all claims incidence rate is given for the period 1997-2002. The graphic clearly indicates that after a period of growth in the rates in the late 1990's, the incidence rate since 2000 has fallen to 4.67 per 100 workers, a 21.6% reduction.

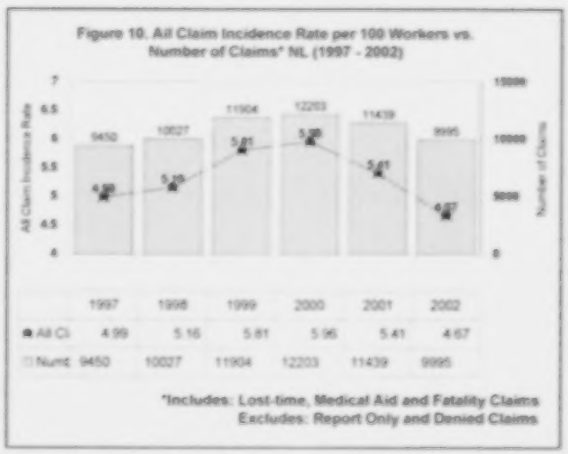


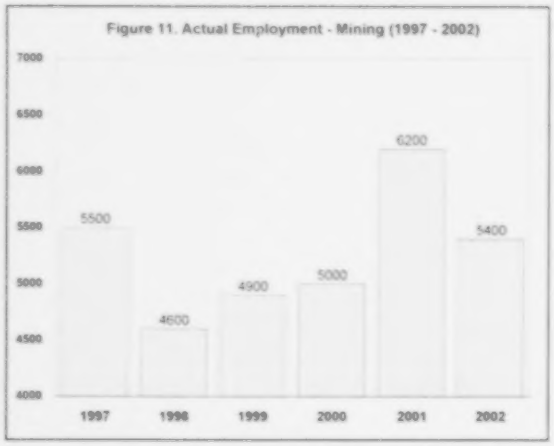
Figure 10. All Claim Incidence Rate per 100 Workers vs. Number of Claims* NL (1997 - 2002)

*Includes: Lost-time, Medical Aid and Fatality Claims
Excludes: Report Only and Denied Claims

Appendix B

Industry/Sector Trend Analysis: An Overview

This section provides an analysis of industry trends for the following industries: mining, forestry, manufacturing, construction, transportation, service, health care, and fishery. It includes analysis according to demographics, lost-time claims, type of accident, nature of injury, part of body injured and occupation. These statistics are based on data collected from Statistics Canada and the Workplace Health, Safety and Compensation in 2001 and February 2003. This information may be different from previously published data because of the dates reports were generated.



Mining

Demographics

Over the past six years, the number of people employed in the mining industry decreased from 5,500 in 1997 to 5,400 in 2002 (Figure 11); an overall decrease of 1.8%.

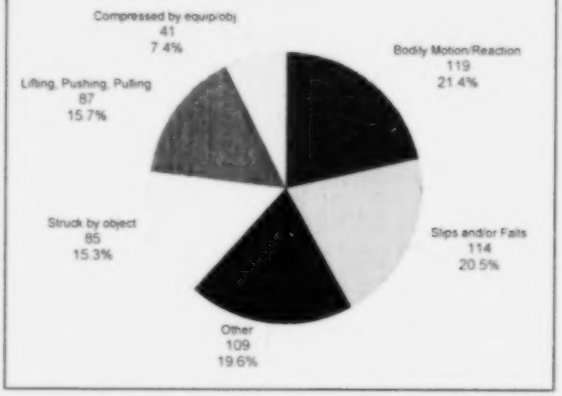
Lost-time Claims

The number of lost-time claims decreased from 108 in 1997 to 81 in 2002 an overall decrease of 25.0% (Figure 12). Comparing the number of injuries to the number of persons employed, the lost-time incidence rate decreased overall from 1997 to 2002 by [illegible]%.

Type of Accident

Between 1997 and 2002, 206 (37.1%) of lost-time claims were ergonomically related. That is, they were associated with a bodily motion/reaction or lifting, pushing, pulling, etc. Figure 13 indicates other common events which describes the way lost-time injuries were produced or inflicted.

Figure 13. Lost-time Claims by Injury Event - Mining (1997 - 2002)



Nature of Injury

Over the past six years, soft-tissue lost-time claims (sprains, strains, tears, soreness, pain, back pain, etc.) accounted for 305 lost-time claims or 55.0% of all lost-time claims in the mining industry. Other types of injuries included fractures, 58 or 10.5%; systemic diseases/disorders; 50 or 9.0%; and bruises and contusions, 49 or 8.8%.

Part of Body

Between 1997 and 2002, the most common part of the body directly affected as a result of lost-time accidents has been the back, which accounted for 148 or 26.7% of the injuries. Other common body parts affected included the hand(s), wrist(s), and finger(s), 96 or 17.3%; and the neck and/or shoulder, 52 or 9.4% of the lost-time claims.

Occupation

Over the past six years, the occupation with the highest frequency of lost-time injuries is the laboring profession, which accounted for 140 or 25.2% of the lost-time claims. Other occupations in which there were a higher number of lost-time included drilling and related occupations, 78 or 14.0%; mechanics, 61 or 11.0%; welding and flame cutting occupations, 34 or 6.1%; and heavy equipment operators, 21 or 3.4%.

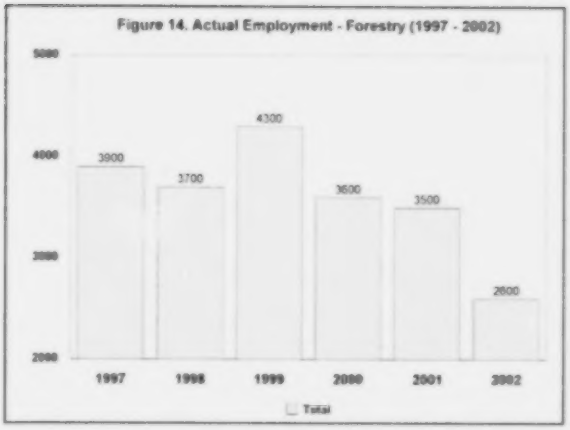
Fatalities

There were a total of six accepted fatality claims between 1997 and 2002. The types of accidents resulting in fatalities and the related numbers and percentages of total fatalities are as follows: industrial disease, four or 66.7%; industrial accidents, one or 16.7%; and falls, one or 16.7%.

Forestry

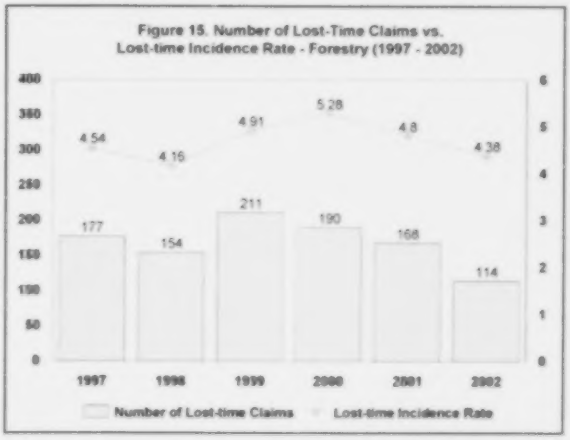
Demographics

The number of people employed in the forest industry decreased from 3,900 in 1997 to 2,600 in 2002; a decrease of 33.3% (Figure 14).



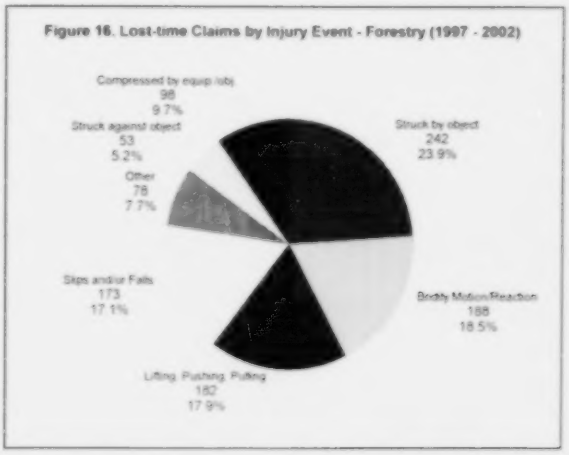
Lost-time Claims

The number of lost-time claims in the forest industry decreased from 177 in 1997 to 114 in 2002; an overall decrease of 35.6%. Comparing the number of injuries to the number of persons employed, the lost-time incidence rate decreased overall from 1997 to 2002 by 3.5%.



Type of Accident

Between 1997 and 2002, 370 or 36.5% of lost-time claims were ergonomically related. That is, they were associated with a bodily motion/ reaction or lifting, pushing, pulling, etc. Figure 16 indicates other common events which describes the way lost-time injuries were produced or inflicted.



Nature of Injury

Over the past six years, soft-tissue lost-time claims (sprains, strains, tears, soreness, pain, back pain, etc.) accounted for 517 lost-time claims or 51.0% of all lost-time claims in the forest industry. Other types of injuries included cut and lacerations, 156 or 15.4%; bruises and contusions, 136 or 13.4%; and fractures, 81 or 8.0%.

Part of Body

Between 1997 and 2002, the most common part of the body directly affected as a result of lost-time accidents has been the back, which accounted for 262 or 25.8% of the injuries. Other common body parts affected included hand(s), wrist(s), and finger(s), 195 or 19.2%; the neck and/or shoulder areas, 80 or 7.9%; knees, 68 or 6.7%; and head, 59 or 5.8%.

Occupation

Over the past six years, the highest frequency of lost-time injuries occurred to loggers, timber cutters and related occupations, which accounted for 343 or 33.8%. Other occupations in which there were a higher number of lost-time claims included labour profession, 220 or 21.7%; pulp and paper making and related occupations 74 or 7.3%; heavy equipment operators, 69 or 6.8%; and sawmill sawers and related occupations, 67 or 6.6%.

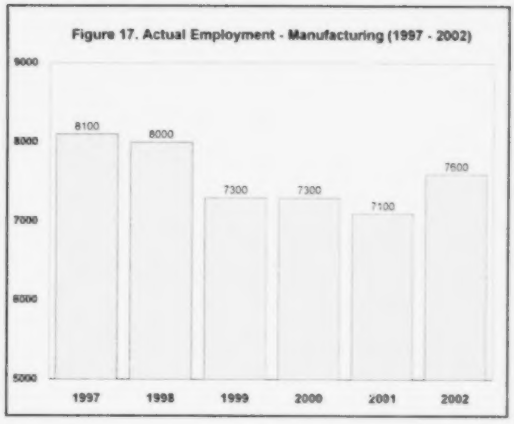
Fatalities

There were a total of 3 accepted fatality claims between 1997 and 2002. The types of accidents resulting in fatalities and the related numbers and percentages of total fatalities are as follows: industrial accidents, one or 33.3%; crushing injuries, one or 33.3%; and struck by flying object, one or 33.3%.

Manufacturing

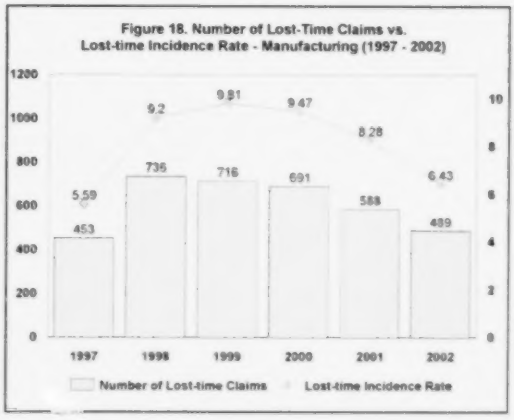
Demographics

Over the past six years, the number of people employed in the manufacturing industry decreased from 8,100 in 1997 to 7,600 in 2002 (Figure 17); an overall decrease of 6.2%.



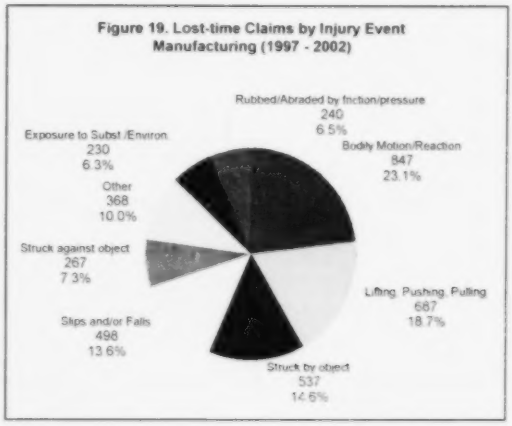
Lost-time Claims

The number of lost-time claims in the manufacturing industry increased from 453 in 1997 to 736 in 1998. However, since 1998 the number of lost-time claims decreased to 489; a decrease of 33.6%. Comparing the number of injuries to the number of persons employed, the lost-time incidence rate increased between 1997 and 1999. However, since 1999 the lost-time incidence rate decreased from 9.81 in 1999 to 6.43 in 2002; a decrease of 34.5% (Figure 18).



Type of Accident

Between 1997 and 2002, 1534 or 41.8% of lost-time claims were ergonomically related. That is, they were associated with a bodily motion/reaction or lifting, pushing, pulling, etc. Figure 19 indicates other common events which describes the way lost-time injuries were produced or inflicted.



Nature of Injury

Over the past six years, soft-tissue lost-time claims (sprains, strains, tears, soreness, pain, back pain, etc.) accounted for 1,925 lost-time claims or 52.4% of all lost-time claims in the manufacturing industry. Other types of injuries included bruises and contusions, 542 or 14.8%; cuts and lacerations, 435 or 11.8%; systemic diseases and disorders, 235 or 6.4%; and fractures, 202 or 5.5%.

Part of Body

Between 1997 and 2002, the most common part of the body directly affected as a result of lost-time accidents has been the back, which accounted for 851 or 23.2% of the injuries. Other common body parts affected included hand(s), wrist(s), and finger(s), 823 or 22.4%; the head, 412 or 11.2%; neck and/or shoulder areas, 351 or 9.6%; and multiple body parts, 241 or 6.6%.

Occupation

Over the past six years, the highest frequency of lost-time injuries occurred to the laboring profession, which accounted for 932 or 25.4%. Other occupations in which there were a higher number of lost-time claims included slaughtering and meat and fish cutting, canning, curing and packaging occupations, 561 or 15.3%; welding and flame cutting occupations, 418 or 11.4%; shipping and distributing occupations, 110 or 3.0%; and machinists and machine tool operating occupations, 115 or 3.1%.

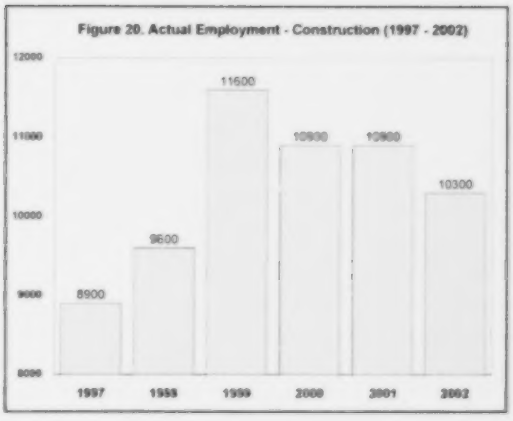
Fatalities

There were a total of eight accepted fatality claims between 1997 and 2002. The types of accidents resulting in fatalities and the related numbers and percentages of total fatalities are as follows: industrial disease, four or 50.0%; explosions, two or 25.0%; industrial accidents, one or 12.5% and crushing injuries, one or 12.5%.

Construction

Demographics

Over the past six years the number of people employed in the construction industry increased from 8,900 in 1997 to 10,300 in 2002 (Figure 20); an overall increase of 15.7%.

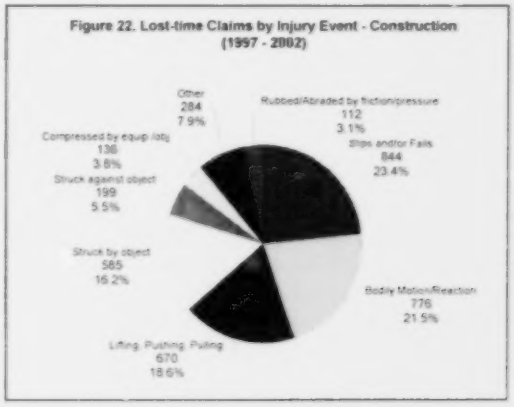


Lost-time Claims

The number of lost-time claims in the construction industry increased from 445 in 1997 to 696 in 2001, am overall increase of 56.4%. However, since 2001 the number of lost-time claims dropped to 589, a decrease of 15.4%. Comparing the number of injuries the number of persons employed, the lost-time incidence rate increased from 5.00 in 1997 to 5.72 in 2002; an overall increase of 14.4% (Figure 21).

Type of Accident

Between 1997 and 2002, 1446 or 40.1% of lost-time claims were ergonomically related. That is, they were associated with a bodily motion/reaction or lifting, pushing, pulling, etc. Figure 22 indicates other common events which describes the way lost-time injuries were produced or inflicted.



Nature of Injury

Over the past six years, soft-tissue lost-time claims (sprains, strains, tears, soreness, pain, back pain, etc.) accounted for 1,925 lost-time claims or 54.0% of all lost-time claims in the construction industry. Other types of injuries included bruises and contusions, 380 or 10.5%; fractures, 385 or 10.7%; cuts and lacerations, 363 or 10.1%; and systemic diseases and disorders, 117 or 4.2%.

Part of Body

Between 1997 and 2002, the most common part of the body directly affected as a result of lost-time accidents has been the back, which accounted for 1068 or 29.6% of the injuries. Other common body parts affected included hand(s), wrist(s), and finger(s), 619 or 17.2%; multiple body parts, 307 or 8.5%; neck and/or shoulder areas, 265 or 7.3%; head area, 222 or 6.2%; and knees, 212 or 5.9%.

Occupation

Over the past six years, the highest frequency of lost-time injuries occurred to the laboring profession, which accounted for 1,421 or 39.4%. Other occupations in which there were a higher number of lost-time claims included carpenters and related occupations, 609 or 16.9%; heavy equipment operators, 169 or 4.7%; pipe fitting, plumbing and related occupations, 157 or 4.4%; truck drivers, 110 or 3.1%; and boilermakers, platers and structural metal workers, 107 or 3.0%.

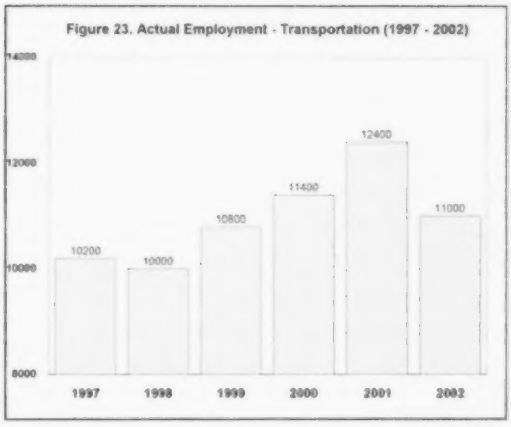
Fatalities

There were a total of 24 accepted fatality claims between 1997 and 2002. The types of accidents resulting in fatalities and the related numbers and percentages of total fatalities are as follows: industrial disease, six or 25.0%; motor vehicle related accidents, five or 20.8%; falls, four or 16.7%; industrial accidents, three or 12.5%; drownings, two or 8.3%; aircraft accidents, two or 8.3%; crushing injuries, one or 4.2%; and struck by flying object, one or 4.2%.

Transportation

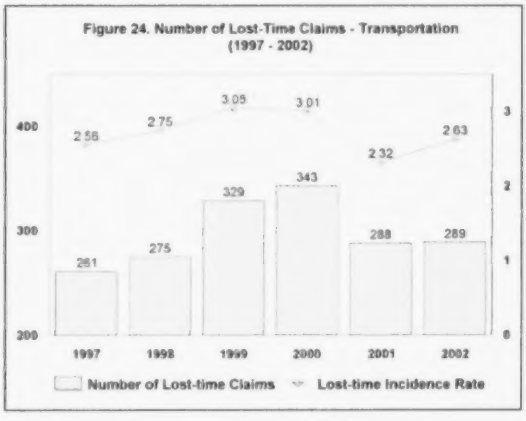
Demographics

Over the past six years, the number of people employed in the transportation industry increased from 10,200 in 1997 to 11,000 in 2002 (Figure 23); an overall increase of 7.8%.



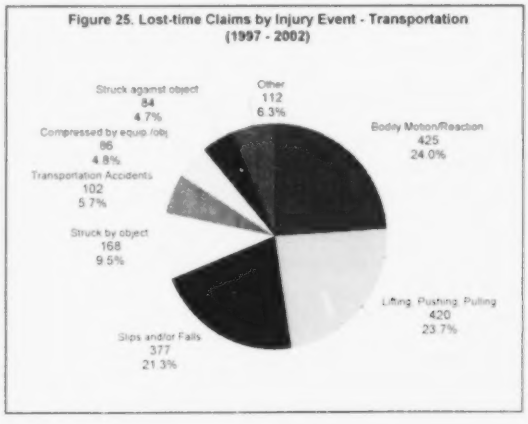
Lost-time Claims

The number of lost-time claims in the transportation industry increased from 261 in 1997 to 343 in 2000. However, since 2000 the number of lost-time claims decreased to 289 in 2002; a decrease of 15.7%. Comparing the number of injuries to the number of persons employed, the lost-time incidence rate increased between 1997 and 1999. However, since 1999 the lost-time incidence rate decreased from 3.05 in 1999 to 2.63 in 2002; a decrease of 13.8% (Figure 24).



Type of Accident

Between 1997 and 2002, 845 or 47.6% of lost-time claims were ergonomically related. That is, they were associated with a bodily motion/reaction or lifting, pushing, pulling, etc. Figure 25 indicates other common events which describes the way lost-time injuries were produced or inflicted.



Nature of Injury

Over the past six years, soft-tissue lost-time claims (sprains, strains, tears, soreness, pain, back pain, etc.) accounted for 1118 lost-time claims or 63.0% of all lost-time claims in the transportation industry. Other types of injuries included bruises and contusions, 177 or 10.0%; fractures, 142 or 8.0%; and cuts and lacerations, 77 or 4.3%.

Part of Body

Between 1997 and 2002, the most common part of the body directly affected as a result of lost-time accidents has been the back, which accounted for 578 or 32.6% of the injuries. Other common body parts affected included hand(s), wrist(s), and finger(s), 220 or 12.4%; neck and/or shoulder areas, 178 or 10.0%; multiple body parts, 149 or 8.4%; ankle(s), 125 or 7.0%; and foot(feet)/toe(s), 107 or 6.0%.

Occupation

Over the past six years, the highest frequency of lost-time injuries occurred to truck drivers, which accounted for 609 or 34.3%. Other occupations in which there were a higher number of lost-time claims included messengers, 157 or 8.9%; longshoremen, stevedores, freight handlers 154 or 8.7%; the laboring profession, 146 or 8.2%; and material distributing occupations, 82 or 4.6%.

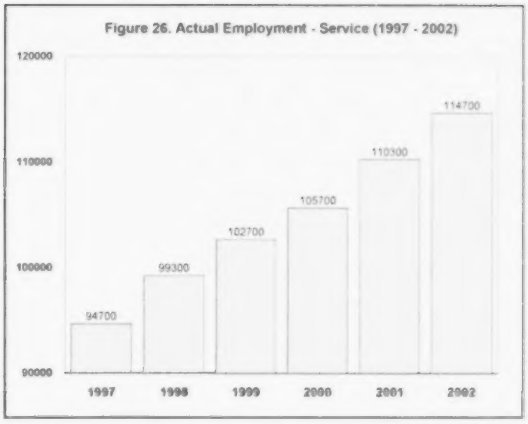
Fatalities

There were a total of 12 accepted fatality claims between 1997 and 2002. The types of accidents resulting in fatalities and the related numbers and percentages of total fatalities are as follows: motor vehicle accidents, three or 25.0%; aircraft accidents, two or 16.7%; explosions, two or 16.7%; industrial accidents, two or 16.7%; crushing injuries, two or 16.7%; and heart attacks, one or 8.3%.

Service

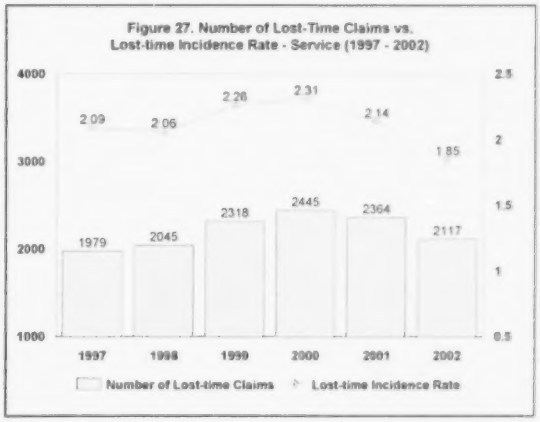
Demographics

Over the past six years the number of people employed in the service industry increased from 94,700 in 1997 to 114,700 in 2002; an overall increase of 21.1% (Figure 26).



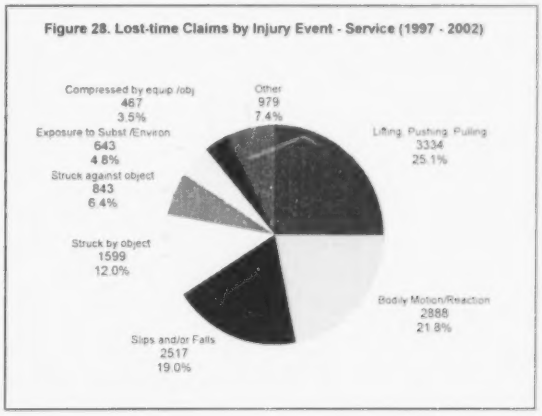
Lost-time Claims

The number of lost-time claims in the service industry increased from 1,979 in 1997 to 2,445 in 2000. However, since 2000 the number of lost-time claims decreased to 2,117 in 2002; a decrease of 13.4%. Comparing the number of injuries to the number of persons employed, the lost-time incidence rate increased between 1998 and 2000. However, the lost-time incidence rate decreased from 2.31 in 2000 to 1.85 in 2002; a decrease of 19.9% (Figure 27).



Type of Accident

Between 1997 and 2002, 6222 or 46.9% of lost-time claims were ergonomically related. That is, they were associated with a bodily motion/reaction or lifting, pushing, pulling, etc. Figure 28 indicates other common events which describes the way lost-time injuries were produced or inflicted.



Nature of Injury

Over the past six years, soft-tissue lost-time claims (sprains, strains, tears, soreness, pain, back pain, etc.) accounted for 8,095 lost-time claims or 61.0% of all lost-time claims in the service industry. Other types of injuries included cuts and lacerations, 1360 or 10.2%; bruises and contusions, 1237 or 9.3%; fractures, 640 or 4.8%; and systemic diseases and disorders, 531 or 4.0%.

Part of Body

Between 1997 and 2002, the most common part(s) of the body directly affected as a result of lost-time accidents has been the back, which accounted for 4,257 or 32.1% of the injuries. Other common body parts affected included the hand(s), wrist(s), and finger(s), 2792 or 21.0%; neck and/or shoulder areas, 1263 or 9.5%; multiple body parts, 1050 or 7.9%; and arm(s), 656 or 4.9%.

Occupation

Over the past six years, the highest frequency of lost-time injuries occurred to food and beverage and related occupations (chefs, bartenders, waitresses and waiters, etc.), which accounted for 2,234 or 16.8%. Other occupations in which there were a higher number of lost-time claims included sales clerks-commodities, 1632 or 12.3%; the laboring profession, 1214 or 9.1%; shipping and receiving clerks and related occupations, 1202 or 9.1%; motor vehicle mechanics, 911 or 6.9%; and janitors, 888 or 6.7%.

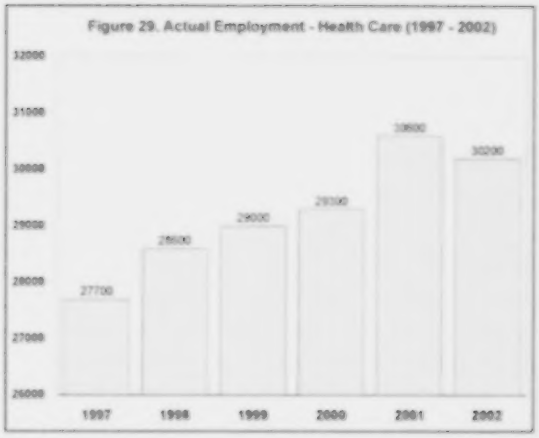
Fatalities

There were a total of 13 accepted fatality claims between 1997 and 2002. The types of accidents resulting in fatalities and the related numbers and percentages of total fatalities are as follows: industrial disease, three or 23.1%; motor vehicle accidents, three or 23.1%; heart attacks, two or 15.4%; falls, one or 7.7%; crushing injuries, one or 7.7%; industrial accidents, one or 7.7%; aircraft accidents, one or 7.7%; and electrocutions, one or 7.7%.

Health Care

Demographics

Over the past six years, the number of people employed in the health care sector increased from 27,700 in 1997 to 30,200 in 2002; an overall increase of 9.0% (Figure 29).

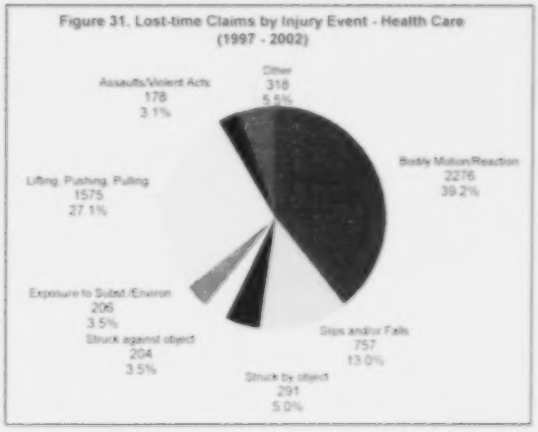


Lost-time Claims

The number of lost-time claims in the health care sector increased from 766 in 1997 to 1139 in 2000. However, since 2000 the number of lost-time claims decreased to 957 in 2002; a decrease of 16.0%. Comparing the number of injuries to the number of persons employed, the lost-time incidence rate increased between 1997 and 2000. However, the lost-time incidence rate decreased from 3.89 in 2000 to 3.17 in 2002; a decrease of 18.5% (Figure 30).

Type of Accident

Between 1997 and 2002, 3851 or 66.3% of lost-time claims were ergonomically related. That is, they were associated with a bodily motion/reaction or lifting, pushing, pulling, etc. Figure 31 indicates other common events which describes the way lost-time injuries were produced or inflicted.



Nature of Injury

Over the past six years, soft-tissue lost-time claims (sprains, strains, tears, soreness, pain, back pain, etc.) accounted for 4,443 lost-time claims or 76.5% of all lost-time claims in the health care sector. Other types of injuries included bruises and contusions, 314 or 5.4%; cuts and lacerations, 216 or 3.7%; systemic diseases and disorders, 187 or 3.2%; and burns, 137 or 2.4%.

Part of Body

Between 1997 and 2002, the most common part(s) of the body directly affected as a result of lost-time accidents has been the back, which accounted for 1,991 or 34.3% of the injuries. Other common body parts affected included the neck and/or shoulder areas, 1292 or 22.3%; multiple body parts, 707 or 12.2%; and hand(s), wrist(s), and finger(s), 645 or 11.1%.

Occupation

Over the past six years, the highest frequency of lost-time injuries occurred to nurses and nursing assistants, which accounted for 2,587 or 44.6%. Other occupations in which there were a higher number of lost-time claims included janitors/cleaners, 872 or 15.0%; therapists, technical and related occupations, 872 or 15.0%; food and beverage and related occupations (chefs, bartenders, waitresses and waiters, etc.), 784 or 13.5%.

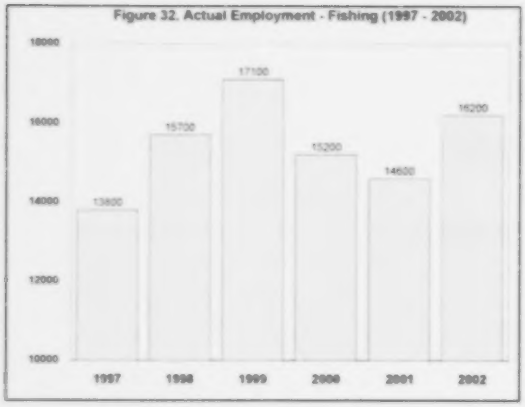
Health Care

There were a total of three accepted fatality claims between 1997 and 2002. The types of accidents resulting in fatalities and the related numbers and percentages of total fatalities are as follows: industrial accidents, two or 75.0%; and heart attacks, one or 25.0%.

Fishing (Fish Harvesting & Processing)

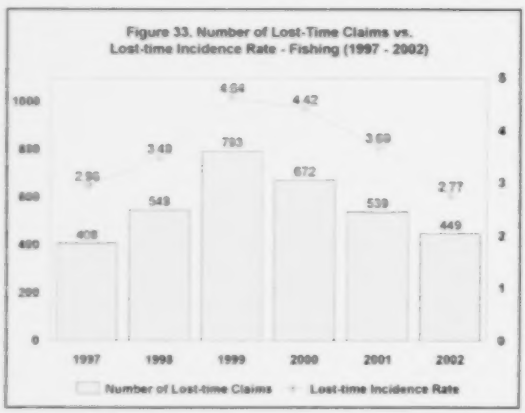
Demographics

Over the past six years, the number of people employed in the fishing industry increased from 13,800 in 1997 to 16,200 in 2002 (Figure 32); an overall increase of 17.4%.



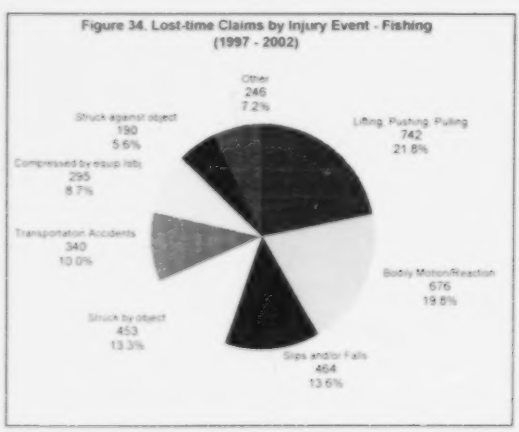
Lost-time Claims

The number of lost-time claims in the fishing industry increased from 408 in 1997 to 793 in 1999. However, since 1999 the number of lost-time claims decreased to 449 in 2002; a decrease of 43.4%. Comparing the number of injuries to the number of persons employed, the lost-time incidence rate increased between 1997 and 1999. However, since 1999 the lost-time incidence rate decreased from 4.64 in 1999 to 2.77 in 2002; a decrease of 40.3% (Figure 33).



Type of Accident

Between 1997 and 2002, 1,418 or 41.6% of lost-time claims were ergonomically related. That is, they were associated with a bodily motion/reaction or lifting, pushing, pulling, etc. Figure 34 indicates other common events which describes the way lost-time injuries were produced or inflicted.



Nature of Injury

Over the past six years, soft-tissue lost-time claims (sprains, strains, tears, soreness, pain, back pain, etc.) accounted for 2,009 lost-time claims or 59.0% of all lost-time claims in the fishing industry. Other types of injuries included cuts and lacerations, 339 or 10.0%; bruises and contusions, 319 or 9.4%; fractures, 250 or 7.3%; and systemic diseases and disorders, 209 or 6.1%.

Part of Body

Between 1997 and 2002, the most common part(s) of the body directly affected as a result of lost-time accidents has been the hand(s), wrist(s), and finger(s), which accounted for 811 or 23.8% of the injuries. Other common body parts affected included the back, 802 or 23.5%; neck and/or shoulder areas, 421 or 12.4%; multiple body parts, 293 or 8.6%; and arm(s), 227 or 6.7%.

Occupation

Over the past six years, the highest frequency of lost-time injuries occurred to fish canning, curing and packaging occupations, which accounted for 1,783 or 52.3%. Other occupations in which there were a higher number of lost-time claims included fishers, 881 or 25.9%; the laboring profession, 271 or 8.0%; and trawler workers, 126 or 3.7%.

Fatalities

There were a total of 29 accepted fatality claims between 1997 and 2002. The types of accidents resulting in fatalities and the related numbers and percentages of total fatalities are as follows: drownings, 22 or 75.9%; industrial accidents, four or 13.8%; falls, one or 3.4%; heart attacks, one or 3.4%; and crushing injuries, one or 3.4%.

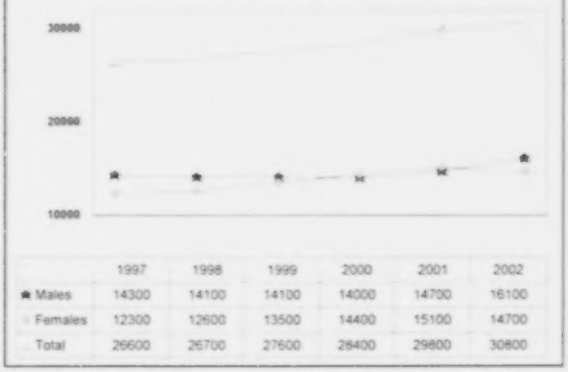
Trend Analyses Special Sector: Young Workers (Age Group 15 - 24)

This section provides an analysis of trends in a special sector for young workers. It includes analysis according to demographics, lost-time claims, type of accident, nature of injury, part of body injured and occupation.

Demographics

The number of workers between the ages of 15 and 24 increased from 26,600 in 1997 to 30,800 in 2002; an increase of 15.8% (Figure 35). The number of males employed in this age group increased from 14,300 in 1997 to 16,100 in 2002; an increase of 12.6%. The number of females employed increased from 12,300 in 1997 to 14,700 in 2002; an increase of 19.5%. The number of females employed increased from 46.2% of the total number of people employed in 1997 to 52.3% in 2002; and increase of 13.2%. For males, the number employed decreased from 53.8% of the total workforce in 1997 to 47.7% in 2002; and decrease of 11.3%.

Figure 35. Actual Employment By Gender
Age Group 15 - 24 (1997 - 2002)

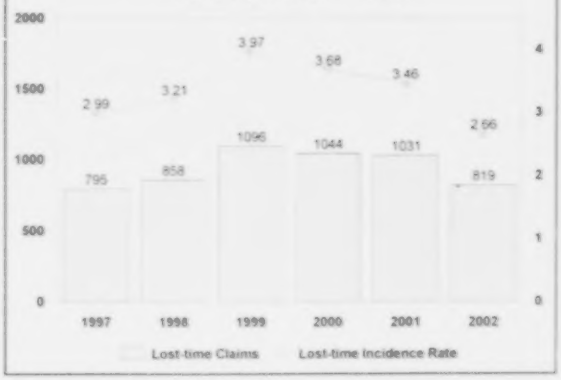


	1997	1998	1999	2000	2001	2002
Males	14300	14100	14100	14000	14700	16100
Females	12300	12600	13500	14400	15100	14700
Total	26600	26700	27600	28400	29800	30800

Lost-time Claims

The number of lost-time claims increased from 795 in 1997 to 1,096 in 1999; an increase 35.7%. However, over the past two years, since 1999 the number of lost-time claims has decreased to 819 for 2002; a decrease of 25.3%. Comparing the number of injuries to the number of persons employed, the lost-time incidence rate

Figure 36. Employment vs. Lost-time Incidence Rate
Age Group 15 - 24 (1997 - 2002)



increased from 2.99 in 1997 to 3.97 in 1999; an increase 31.1%. However, over the past two years since 1999, while the number of workers have increased, the lost-time incidence rate has decreased to 2.66 for 2002; a decrease of 33.0% (Figure 36).

Type of Accident

Between 1997 and 2002, 2,186 (38.7%) of lost-time claims were ergonomically related. That is, they were associated with a bodily motion/reaction or lifting, pushing, pulling, etc. Figure 37 indicates other common events which describes the way lost-time injuries were produced or inflicted.

Nature of Injury

Over the past six years, soft-tissue lost-time claims (sprains, strains, tears, soreness, pain, back pain, etc.) accounted for 3,002 lost-time claims or 53.2% of all lost-time claims for this age group of workers. Other types of injuries included cuts and lacerations, 764 or 13.5%; bruises and contusions, 616 or 10.9%; burns, 326 or 5.8%; and fractures, 269 or 4.8%.

Part of Body

Between 1997 and 2002, the most common part(s) of the body directly affected as a result of lost-time accidents have been the hand(s), wrist(s), and finger(s), which accounted for 1,507 or 26.7% of the injuries. Other common body parts affected included the back, 1,495 or 26.5%; neck and/or shoulder areas, 478 or 8.5%; multiple body parts, 367 or 6.5% and the head, 304 or 5.4%.

Occupation

Over the past six years, the highest frequency of lost-time injuries occurred to the laboring profession, which accounted for 1,031 or 18.3%. Other occupations in which there were a higher number of lost-time claims included food, beverage and related occupations (chefs, bartenders, waitresses, waiters, etc.), 939 or 16.6%, sales clerks-commodities, 604 or 10.7%; stock & shipping clerks & related occupations 466 or 8.3%; fish and meat canning, curing and packaging occupations, 442 or 7.8%; and tellers & cashiers, 251 or 4.4%.

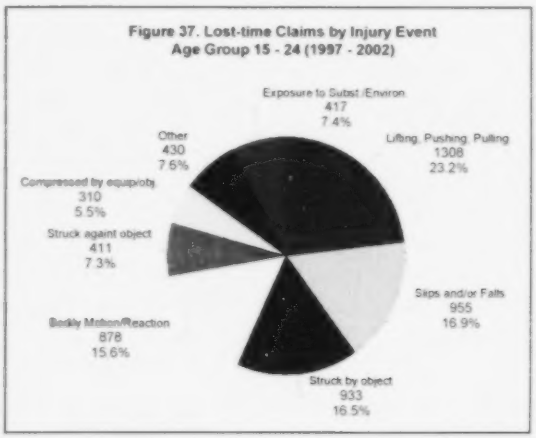
Trend Analysis: A Conclusion

Demographics

From 1997 to 2002, five industries with the exception of the mining, forest and manufacturing sectors, experienced an overall increase in the number of people employed. The service and fishing industries experienced the highest overall percentage increases, increasing 21.1% and 17.4% respectively.

Lost-time Claims

Over the past six years, all industries with the exception of the mining and forestry sectors, experienced an overall increase in the number of lost-time claims. Three sectors: construction, health care and service, experienced the highest overall percentage increases, increasing 32.4%, 25.0% and 23.4% respectively. However, it is important to note that even though the number of lost-time claims in 2002 is higher than 1997 totals, most sectors, with the exception of transportation, have experienced decreases in the number of lost-time claims over the past few years. The manufacturing sector, for example, has seen a steady decrease in the number of lost-time claims since 1998.



The average lost-time incidence rate over the period 1997 to 2002 was below the provincial average of 2.94 for three sectors: mining, transportation and service; while five sectors: manufacturing, forestry, construction, fishing, and health care were above the provincial average. The manufacturing sector continued to have the highest lost-time incidence rate over the past six years.

Type of Accident and Nature of Injury

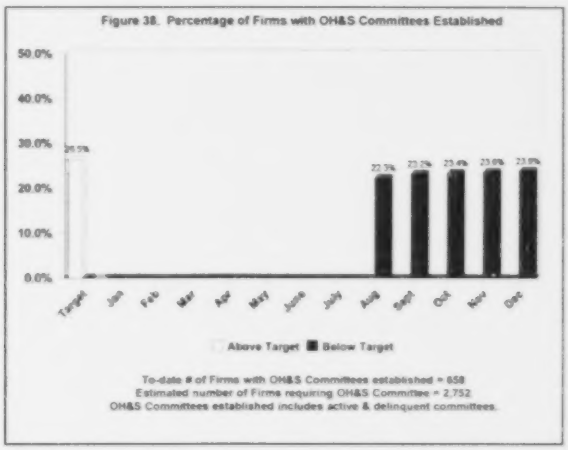
The most common type of accidents for all industry sectors during the period 1997 to 2002, continued to be lifting, pushing, pulling and other bodily motions and reactions (bending, reaching, twisting, etc.). Soft-tissue injuries, as a result of these types of accidents, continued to be the most common type of injury in all sectors, accounting for 61.7% of all lost-time claims for this period.

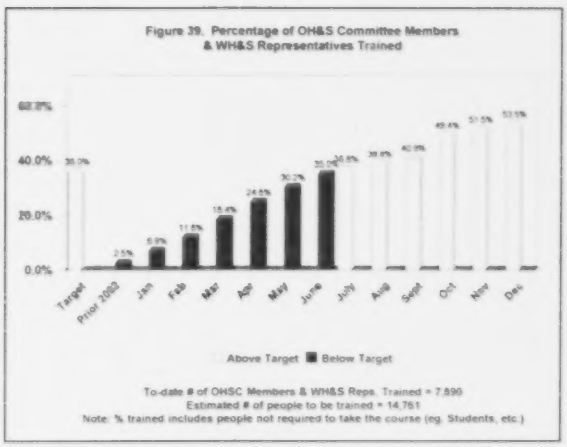
Age

Between 1997 and 2001, the age group 15 - 24 continued to experience the highest incidence rate compared to the age groups 25 to 44 and 45 and older. However, this rate has been decreasing since 1999 and for 2002 the rate (2.68) is now lower than that of the age group 25 to 44 (2.82).

OH&S Committee/WH&S Representative Trend Analysis

There are an estimated 2,752 firms in the province that require an OH&S Committee. In 2002, 658 or 23.9% had OH&S Committees established.





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